



Dearne Urban District Council

**THE
HEALTH
OF
THE DEARNE
1965**

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DEARNE URBAN DISTRICT COUNCIL

Members as at 31st December, 1965

Chairman of the Council :
Councillor E. MEAKIN

Vice-Chairman of the Council :
Councillor J. W. BEDFORD, J.P.

Chairman of the Public Health Committee :
Councillor J. NOBLE

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P. Cook	J. C. Stanley
P. Doyle (C.C.)	R. Taylor

Medical Officer of Health :
D. J. CUSITER, M.B., Ch.B., D.P.H., D.T.M. & H.

Chief Public Health Inspector :
G. H. ALLEMBY, C.R., San.I., M.A.P.H.I.

P R E F A C E

Public Health Department,
Town Hall,
Goldthorpe.

To the Chairman and Members of the
Dearne Urban District Council.

Mr. Chairman, Ladies and Gentlemen,

I include in this annual report of the health of your district details of the County Council health and school health services.

The population showed a natural increase of 243 and an overall decrease of 10 according to the Registrar General's estimate of the resident population for mid-1965.

There were again no maternal deaths in the district. Ten infant deaths were recorded from a total of 492 live births, 6 of which were premature. One died from respiratory disease, 2 from congenital anomalies, 1 from intracranial haemorrhage, 4 from prematurity, 1 from meningitis and 1 from asphyxia. Eight of the total deaths were of infants under the age of one month. Eight of the 10 were born in hospital and 7 died in hospital. These deaths were associated with prematurity, overwhelming infections and congenital abnormalities and were in all probability inevitable.

A maternal mortality rate of 0.25 per thousand total live and stillbirths throughout the country and the very slow decline of the neonatal (deaths under one month of age) fraction of the infant mortality rate is a clear indication of the hazards of pregnancy to the foetus, rather than to the mother.

The infant mortality rate (deaths under one year of age per thousand live births) was 20.3 (West Riding 20.7, England and Wales 19.0); mean Health Division 26 ; 18.4. An increase over the previous year.

The corrected birth rate was 18.0 (West Riding 18.4) based on a decreasing population and was comparable with the previous year.

The corrected death rate was 13.5 slightly in excess of that for the West Riding as a whole (12.4).

The total deaths were 249 of which 95 were due to diseases of heart and blood vessels, 43 to cancer in various sites, 29 to respiratory diseases and 27 to vascular lesions of the

nervous system. These correspond to rates of 3.54 (West Riding 4.48); 1.60 (West Riding 2.07); 1.08 (West Riding 1.30); 1.16 (West Riding 1.82), although it would not be statistically proper to make any definite deductions from these totals or rates, it may be significant that deaths from respiratory diseases follow closely the deaths from cancer in the division as a whole. In the country as a whole the commonest causes of death in descending order are heart and circulatory diseases, cancer, vascular diseases of the nervous system and respiratory diseases. It is emphasised that in this division respiratory diseases are responsible for an unduly high proportion of the total deaths. The role of atmospheric pollution in deaths from respiratory diseases such as cancer of the lung and bronchitis need not, I hope, be restated. I would direct your attention to the remarks of your Chief Public Health Inspector on the need for clean air. I would support his remarks. Reform is long overdue in this important aspect of public health. It is paradoxical that in mining areas where clean air is vital because of the high incidence of respiratory diseases in all age groups in all classes little has been done to limit atmospheric pollution. We are, by our own choice, denying the population the benefits of the Clean Air Act approved by all shades of opinion. We are failing to implement a health measure as vital to the community as a safe water supply. It is a public health tragedy for the Dearne that those parts of the country which could most benefit from such action have been the slowest to respond, and I trust that your council will reconsider its attitude to smoke control.

There were no deaths from tuberculosis. Three deaths were recorded from other infectious diseases.

There were 23 illegitimate births ; a similar number to last year with no deaths.

Grass verges in the area have continued to be used by itinerant caravan dwellers. There are no licensed caravan sites and a partial solution would be the provision of a local authority camping site.

There is a need for further thought on health education. Local health authorities for many years have moved along 'the well worn lines of films, posters, talks etc. It is difficult to see at first glance that any major benefits have accrued from such measures. No mass campaign for the prevention of smoking has to my knowledge ever succeeded. The evils of atmospheric pollution are not yet fully accepted, over-eating and lack of

exercise is still practiced by those susceptible to ischaemic heart disease, and even a simple measure such as fluoridation produces a small but noisy opposition.

Numerous committees and associations have for many years given lip service to health education programmes and have recommended the development of 'blanket' campaigns and the investment of support of commercial and voluntary bodies. What is really required is an investigation, to discover whether any health education campaign, however extensive and expensive could have any permanent effect in preventing a healthy human being from enjoying himself.

A most important development in public health has been the attachment of health visitors to family doctors, and I have commented each year in my annual report on the development of such schemes. Full attachment has now been achieved and comments from the health visitors themselves are fully quoted in the section of health visiting within this report.

I was particularly impressed by the generally favourable attitude of health visitors to such attachment and by the most useful comments on the more difficult aspects. The most common fear expressed was that less would be known about a particular school than before, since their responsibility might be in a different area. Some also found problems in getting to know new families and in passing on their old families to new health visitors. In particular cases, some health visitors were involved in considerably more travelling and found they were doing less visits. These problems, however, are clearly initial ones only ; the difficulty that health visitors may tend to know a particular school less well, is one, however, that may only be fully solved by the separate appointment of school nurses.

Your attention is directed to the school health service report on the mass emergency poliomyelitis vaccination which was carried out towards the end of 1965. This was in response to the outbreak which occurred in Blackburn earlier in the summer of 1965, and it is pleasing to report that over 90% of school children in this area are now immune to poliomyelitis. This should be sufficient to remove any real possibility of an epidemic spread in this area even should an isolated case occur.

One case of active tuberculosis arose in a school during the year ; the case was discovered during routine skin testing by the school medical officer and following investigations at the chest clinic the boy was admitted to hospital. All the school contacts were investigated and no further cases either in the staff or pupils arose. It should be emphasised that the diagnosis was made as a result of a routine skin test prior to

B.C.G. vaccination, and that no other cases were found in the school. It may be inferred that before the introduction of this procedure more than one case of active tuberculosis would have arisen in this particular school.

Over the divisional area as a whole the infant mortality rate approximates to the national average. Certain areas show a more favourable mortality rate and it is clear that the greater major proportion of these deaths are occurring under the age of one month, and that the overwhelming number are due to prematurity. The problem is, therefore, rather one of the hazards of childbirth than of any deficiencies in the community as a whole, and it should be stressed that many of the hazards to which mothers at this time are exposed are still ill understood.

The National Birthday Trust Fund report has stressed the categories of high risk mothers i.e. previous abortions, premature births, stillbirths and antenatal deaths, past histories of toxæmias and antepartum haemorrhage, and past caesarean sections. The report concluded that perinatal mortality—the major problem in some of our districts—would be greatly reduced if the following measures were adopted:—

- (a) Primigravidae and multiparae with a first stage of twenty-four hours or more, should be admitted to hospital.
- (b) Immediate delivery should be effected in primigravidae and multiparae with second stages lasting one to two hours.
- (c) Those whose membranes have been ruptured for twenty-four hours to be delivered in hospital.
- (d) Greater care of the infant during the internatal and immediate postnatal periods; early diagnosis of foetal distress should be made and measures should be promptly resuscitative. In this regard post mortems on 93% of perinatal deaths in March 1958 showed that 30% were due to intrapartum anoxia.
- (e) Hospital confinements for the following categories : -
 - (i) Primigravidae.
 - (ii) Multiparae fifth child and over.
 - (iii) Any abnormality in pregnancy including rhesus negative mothers with antibodies.

During the first three months of 1965 seven cases of rheumatic fever in children occurred in this area. These cases are notable in that for many years this disease has become less-common; it is important, in view of the effect on the heart, to

remember that cases may still occur. Each year throughout the country at least one thousand children have an initial attack and unless the disease is recognised at the start and preventive measures taken, recurrence may be expected in from one half to a quarter within five years. The chronic effects of rheumatic heart disease produce over seven thousand deaths each year. The most important preventive measure is early treatment with penicillin and a local health authority can supervise the maintenance of this treatment following an initial attack. In this respect the health visitors have an important role to play.

During the year nine possible contacts of an isolated case of typhoid fever were notified to us ; all were fully investigated and none of the laboratory tests proved to be positive. The case was illustrative of some of the difficulties in dealing with contacts of this particular condition. The patient had been in contact, because of her work, with over one hundred persons in a neighbouring county borough and all these contacts were screened. It was also necessary to exclude the possibility of a carrier responsible for the original infection, none was traced. I would emphasise in view of the publicity given to cases of typhoid fever that isolated cases are not uncommon and are not necessarily causes for public concern. The Aberdeen outbreak in 1964 was distinct in that the source was unusual and many people became infected before its nature was traced.

I would comment on the publicity given to pneumoconiosis in the South Yorkshire coalfield and the misleading nature of the newspaper article, which indicated that this coalfield had the highest incidence of pneumoconiosis in Great Britain. The statistics were based on x-ray appearances of fresh cases of the disease per thousand workers in the coalfield diagnosed in the years 1960-63. This was at a time when the National Coal Board was engaged in a mass x-ray survey to detect undiagnosed cases in the area and many of the miners were unaware that they were affected. Fresh cases in the Yorkshire coalfield per thousand employed were:—

1960—5.3; 1961—5.2 ; 1962—4.5 ; 1963—6.4.

In the South-West division (Wales)—1963 4.0.

However, for many years the miners in the Wales division have had a yearly examination for this condition and the incidence of 4 per 1,000 would be accepted as an accurate figure. In September 1964 there were a total of 3,420 cases in Yorkshire—a prevalence rate of 32 per 1,000 compared with 5,289 or a rate of 74, per 1,000 in Wales. The national rate for mineworkers was 34 per 1,000.

It is important to emphasise that bronchitis is responsible for the loss of 29,000,000 working days each year in Great Britain. It is also the third most common cause of death in men over the age of thirty, and thus hits no-one harder than the miner whose bronchitis rate is twice the national average. Bronchitis is responsible for 5.7% of all deaths and indeed causes more fatalities than pneumonia, tuberculosis, digestive and renal diseases together. It is inferior as a cause of death only to diseases of the heart, to cerebro vascular accidents and to cancer, and its major environmental causes are cigarette smoking and atmospheric pollution. It is to be regretted that in the division three urban districts have taken no measures to implement the clean air act.

A recent article in the British Journal of Preventive & Social Medicine indicates clearly the influence of atmospheric pollution on school absence due to such conditions as coughs, bronchitis and broncho-pneumonia. The authors found consistently that the amount of such infections were related to the amount of air pollution and that the frequency and severity of these infections increased with its amount. They found no differences in this respect between boys and girls and no differences between the social classes. The association between lower respiratory tract infections and air pollution was found to be constant for all ages. These important findings provide a further argument in favour of the removal of air pollution, should any further evidence be needed.

The fluoridation of water supplies continued to be a matter of controversy during 1965. The refutation of all scientific arguments against this sensible health measure produced from its opponents statements based mainly on ethical grounds. It was further notable that the opponents did not hesitate to issue statements which they knew to be inaccurate, and it is to be regretted that certain newspapers used such arguments for their news value. I would affirm that the fluoride in water supplies differs in no respects from the other additives already present, and that no evidence exists that its effects will be any other than beneficial.

The domestic help service began as long ago as 1918 for maternity cases and was extended during the 1939-45 war to include the old and the chronic sick. It was directed almost

entirely towards the care of the mother and child. Today 92% of the service is devoted to the care of the aged and since 1949 the amount of help given to mothers has decreased by 92%. Constant price expenditure on the care of the latter has actually fallen, in spite of an increase of 17% in the number of births per year. The total cost of the domestic help service has increased by 305% since 1949 and is surpassed only by the increase in the cost of mental health (423%). This is due to the very great increase in the total number of part-time home helps employed. The number of whole time home helps has fallen because of the number of married women employed. Such an increase is more remarkable because of the purely permissive character of this function and demonstrates the directions in which local health services are being obliged to develop; a recent survey, for example, has suggested that the needs of old people are still not being fully met. In our natural sympathy for the aged, however, we should not allow ourselves to forget the importance of the mothers and young children to the future, and the domestic help service should not be allowed to become the exclusive preserve of the over sixties. There is a danger also that if the present tendencies in the care of the aged are not carefully controlled, the family as a social unit may be endangered, and it must soon become apparent that a comprehensive welfare service which acts as though old people were without family help has dangers inherent to itself.

Since the inception of the health service expenditure on mental health services has increased by 423%, by far the largest increase of any local health authority service, it is safe to assume that this service is still developing and that expenditure can be expected to increase in the coming years. Training Centres with Care Units will have to be more numerous and larger in number and residential hostels both for mentally subnormals and mentally ill patients will need to be built. Staffing ratios will inevitably increase and all these changes would occur passively with the expected rise in population in this country, since there is no reason to expect that the proportion of the mentally ill and mentally subnormal will decline. In the absence of any external measures tending naturally to check population, such as wars and epidemics, the proportion can be expected to remain fairly constant.

I wish to record my thanks to Mr. G. H. Allemby, the public health inspector, for his work and co-operation during the year. In this short preface I cannot mention all those members of the medical and administrative staff whose efforts I have greatly appreciated.

My thanks are particularly due to the staff of the divisional health office who have made the preparation of this report possible.

I remain,

Your obedient servant,

D. J. CUSITER,

Medical Officer of Health.

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Wath-upon-Dearne,

Rotherham.

Tel. No.: Wath-upon-Dearne 2251/2.

SECTION "A"

STATISTICS OF THE AREA

(a) General Statistics

Area (in acres)	3,888
Resident Population—Registrar General's Estimate	26,800
Number of inhabited houses at 31st December, 1965	8,020
Population density (persons per house)	3.34
House density (houses per acre)	2.06
Rateable value	£551,456
Net product of a penny rate	£2,135
Rainfall (in inches)	24.03"

(b) Physical and Social Conditions

The Registrar General's estimate of the population (26,800) shows a decrease of 10 persons from the figure given for last year.

The number of inhabited houses at the end of 1965 was 8,020, an increase of 5 over that recorded at the end of 1964.

The Dearne Urban District was formed by the amalgamation of the two urban districts of Bolton on Dearne and Thurnscoe plus a small part of Barmborough (Doncaster R.D.C.). This change took place in April 1937 under the County of York, West Riding Review Order 1937.

Coal mining continued to be our chief industry, the social conditions of the area are those generally associated with the growth and development of mining. The mines at which most of our local work people are employed appear likely to continue developing for some long time, nevertheless the Council have continued their good work of encouraging new industries to the area.

At the present over 80% of the male population are employed in or about coal mining.

A large percentage of the female working population leave the Dearne area each working day for work in textile industries.

VITAL STATISTICS 1965

Live Births :—					Males	Females	Total
Total	...	...	...	...	253	239	492
Legitimate	...	...	...	...	236	233	469
Illegitimate	...	...	...	...	17	6	23
Live Birth Rate (uncorrected) per 1,000 population					...	...	18.4
Live Birth Rate (corrected) per 1,000 population					...	...	18.0
Illegitimate live births percentage of total live births					...	...	4.7%
Still-births :—					Males	Females	Total
Total	...	...	...	...	6	5	11
Rate per 1,000 live and still-births					...	...	21.9
					Males	Females	Total
Total Live and Still-births					259	244	503
Deaths of Infants under 1 year of age :—					Males	Females	Total
Total	...	...	...	...	4	6	10
Legitimate	...	...	...	...	4	6	10
Illegitimate	...	...	...	...	—	—	—
Infant Mortality Rate per 1,000 live births					...	...	20.3
Legitimate Infants per 1,000 legitimate live births					...	...	21.3
Illegitimate Infants per 1,000 illegitimate live births					...	...	0.0
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)					...	...	16.3
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)					...	...	16.3
Perinatal mortality rate (still-births and deaths under 1 week combined per 1,000 total live and still-births)					...	...	33.8
Maternal mortality, including abortion							
Number of deaths					...	...	Nil
Rate per 1,000 total live and still-births					...	...	—
Total Deaths					...	...	249
Death Rate (uncorrected)					...	...	9.3
Death Rate (corrected)					...	...	13.5
Natural increase of population					...	...	143

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1965 IN THE URBAN DISTRICT OF DEARNE.

General Register Office, Somerset House, Strand, W.C.2

CAUSE OF DEATH	Sex	Total all Ages.	Under 4 Weeks.	4 Weeks and under 1 year	AGE IN YEARS									
					1—	5—	15—	25—	35—	45—	55—	65—	75 and over	
9. Other Infective and Parasitic Diseases.	M	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Malignant Neoplasm, Stomach.	F	1	—	—	—	—	—	—	—	—	—	—	—	1
	M	3	—	—	—	—	—	—	—	—	—	2	1	—
	F	1	—	—	—	—	—	—	—	—	—	—	—	1
11. Malignant Neoplasm, Lung, Bronchus.	M	9	—	—	—	—	—	—	—	—	2	4	2	1
	F	1	—	—	—	—	—	—	—	—	—	—	1	—
12. Malignant Neoplasm, Breast.	M	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	4	—	—	—	—	—	—	—	2	2	1	—	—
13. Malignant Neoplasm, Uterus.	F	4	—	—	—	—	—	—	—	1	2	—	—	—
14. Other Malignant and Lymphatic Neoplasms.	M	10	—	—	—	1	—	—	—	—	1	3	2	1
	F	11	—	—	—	—	—	—	—	1	2	1	6	3
17. Vascular Lesions of Nervous System.	M	16	—	—	—	—	—	—	—	1	1	3	6	1
	F	15	—	—	—	—	—	—	—	1	—	2	8	5
18. Coronary Disease, Angina.	M	28	—	—	—	—	—	—	—	1	4	10	10	4
	F	17	—	—	—	—	—	—	—	—	3	3	5	3
19. Hypertension with Heart Disease.	M	1	—	—	—	—	1	—	—	—	—	—	—	6
	F	—	—	—	—	—	—	—	—	—	—	—	—	—
20. Other Heart Disease.	M	20	—	—	—	—	—	—	—	—	1	2	6	11
	F	15	—	—	—	—	—	—	—	—	—	2	6	7
21. Other Circulatory Disease.	M	7	—	—	—	—	—	—	—	1	—	1	1	4
	F	7	—	—	—	—	—	—	—	—	—	—	3	4
23. Pneumonia.	M	4	—	1	—	—	—	—	—	—	—	2	1	—
	F	3	—	—	—	—	—	—	—	—	1	—	2	—

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1965 IN THE URBAN DISTRICT OF DEARNE.

General Register Office, Somerset House, Strand, W.C.2

CAUSE OF DEATH	Sex	Total all Ages.	Under 4 Weeks.	4 Weeks and under 1 year	AGE IN YEARS								
					1—	5—	15—	25—	35—	45—	55—	65—	75 and over
24. Bronchitis.	M	13	—	—	—	—	—	—	—	1	1	7	4
	F	4	—	—	—	—	—	—	—	—	2	—	2
25. Other Diseases of Respiratory System	M	3	—	—	—	—	—	—	—	—	1	—	1
	F	2	1	—	—	—	—	1	—	—	—	—	—
26. Ulcer of stomach and duodenum	M	2	—	—	—	—	—	—	—	—	2	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
27. Gastritis, Enteritis and Diarrhoea.	M	1	—	—	—	—	—	—	—	—	—	—	1
	F	1	—	—	—	—	—	—	—	—	—	1	1
28. Nephritis and Nephrosis	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	1	—	—	—	—	—	—	—	—	1	—	—
31. Congenital malformations.	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—
32. Other defined and ill-defined diseases.	M	11	3	—	—	—	—	—	—	—	1	2	3
	F	13	3	—	—	—	1	—	—	2	—	1	5
33. Motor vehicle accidents.	M	2	—	—	—	—	—	—	—	—	—	—	2
	F	1	—	—	—	—	—	—	—	—	—	—	—
34. All other accidents.	M	8	—	—	—	1	—	—	—	2	2	1	1
	F	4	—	1	—	—	—	—	—	—	—	—	2
35. Suicide.	M	2	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	2	—	—
Total all causes.	M	141	3	1	—	2	1	—	—	4	14	36	40
	F	108	5	1	1	—	2	5	—	12	11	34	39
													36

DEARNE URBAN DISTRICT DEATH OF INFANTS UNDER 1 YEAR OF AGE

No.	Date of Death	Cause of Death	Age	Birth Weight lbs. ozs.	Died at
1.	5.1.65	1a Left lobar pneumonia	4 months	7 2	Home
2.	20.3.65	1a Multiple congenital abnormalities	3 weeks	5 15	Children's Hospital, Sheffield.
3.	12.7.65	Meningitis	4 days	4 11	Moorgate General Hospital Rotherham.
4.	5.9.65	1a Prematurity	2 days	4 12	Montagu Hospital, Mexborough.
5.	21.9.65	1a Extreme prematurity	2 hours	1 6	Montagu Hospital. Mexborough.
6.	10.9.65	Asphyxia du to aspiration vomit occurring when she was sick in her cot. Misadventure.	4 months	6 5	Home.
7.	27.10.65	1a Cardiac arrest and respiratory insufficiency due to bronchial stenosis. 11 Congenital cardiac malformations and pulmonary hypertension.	2 weeks	8 2	Children's Hospital, Sheffield.
8.	13.2.65	1a Prematurity, twin, 32 weeks gestation, b Breech delivery.	2 days	2 5	St. Helen Hospital, Barnsley.
9.	12.2.65	1a Prematurity, twin, 32 weeks gestation, b Breech delivery.	1 day	1 14	St. Helen Hospital, Barnsley.
10.	19.5.65	1a Intra cranial haemorrhage. b Precipitate premature breech delivery.	12 hours	4 12	Home.

DEARNE 1965

	Dearne Urban District 1965	Divis- ion 26 1965	Aggregate West Riding Urban Districts	West Riding Admini- strative County	England and Wales
Population	26800	110,400	1,229,010	1731100	*
Live Births (Crude)	18.4	18.7	18.0	18.2	18.0
Live Births (Corrected)	18.0	18.5	18.3	18.4	*
Death Rate —					
All causes Crude	9.3	10.6	12.3	11.6	11.5
Death Rate —					
All causes Corrected	13.5	13.6	12.7	12.4	*
Infective & Parasitic Diseases - excluding Tuberculosis, but in- cluding Syphilis and other V.D.	0.04	0.03	0.03	0.04	*
Tuberculosis —					
Respiratory	—	0.04	0.03	0.04	0.04
Other Forms	—	—	—	—	0.01
All Forms	—	0.04	0.04	0.04	0.05
Cancer	1.60	1.80	2.19	2.07	1.67
Vascular lesions of the Nervous System	1.16	1.31	1.95	1.82	*
Heart and Circu- latory Diseases	3.54	4.18	4.83	4.48	*
Respiratory Diseases	1.08	1.42	1.39	1.30	*
Maternal Mortality	—	0.47	0.13	0.16	0.25
Infantile Mortality	20.3	18.4	21.0	20.7	19.0
Neo Natal Mortality	16.3	9.7	14.3	13.9	13.0
Early Neo Natal Mortality	11.9	7.7	11.6	11.5	*
Perinatal Mortality	33.8	25.2	28.6	27.3	26.9
Still-births	21.9	17.6	17.0	16.0	15.7

*Figures not available

DIVISIONAL VITAL STATISTICS

In the discussion that follows it should be remembered that the rates are calculated on relatively small numbers and that variations from year to year may or may not be statistically valid. No conclusions can therefore be drawn from minor fluctuations in rates from year to year, but observation of the overall trend of the differing rates over a period of years is of value. Crude rates are relatively invalid for comparative purposes since they are affected by the population structure as to age and sex ; ageing populations for example, living in the most healthy surroundings, will obviously exhibit a higher crude death rate than a young population in the industrial areas.

Live Births :

In this division 102 illegitimate births have been recorded as compared with 93 last year, from a total of 2,070 live births. 4.9% of divisional live births were therefore illegitimate.

For some years the number of births and the rate have progressively increased. The birth rate for the division was 18.5, slightly in excess of that for the West Riding as a whole (18.4) and corresponded to an overall increase of population based on the Registrar General's estimate of population for mid-1965 of 30, the natural increase i.e. excess of births over deaths being 801. The birth rate is expressed as number of live births per thousand mid-year population, both male and female, and will obviously vary with the proportion of women of child bearing age, and to overcome this difficulty an area comparability factor has to be applied to crude rates. The rate is not however an accurate index of fertility. The rising trend in live birth rate has been accompanied by a general rise over the whole country of illegitimate births.

Deaths :

The death rate for the division from all causes, was 13.6 (West Riding 12.4). It remains at a fairly constant level and shows little fluctuation over the years. It approximated to that for the rest of the country and to the remainder of the West Riding. The rates, however, for individual causes reveal an interesting feature in this division. The commonest causes of death for England and Wales in descending order are as follows ; heart and circulatory diseases, cancer, vascular lesions of the nervous system and respiratory diseases. In this division as a whole this ranking is not exhibited and respiratory diseases occupy a third position instead of fourth. The rates for these causes of death (see table) reveal the superiority of the death

rate from respiratory diseases in this area over that for the West Riding and the relative inferiority of the other three main causes of death. This can only be due to the unchecked atmospheric pollution to which this community is exposed.

Infant Mortality :

The infant mortality rate represents the number of children dying under the age of one year per thousand live births. The rate for the division of 18·4 (West Riding 20·7) was more satisfactory than last year and is less than that for the West Riding as a whole. This rate represents the most apparent gain in health of any community, showing a decline of one hundred and thirty per thousand since the end of the last century. Causes of death in the division were representative of the general pattern of infant deaths in the country from the ages of one week up to one year. 'Respiratory diseases were the commonest cause followed by congenital malformations, gastro-enteritis, and infectious diseases.

Peri-natal Mortality :

The infant mortality rate has proved the most useful measure of the risks during infancy in the past. It has provided an index of the relative wellbeing of a community. It is, however, most useful when employed as a vital statistic in emergent or relatively primitive communities and is not the most satisfactory guide to the standard of maternal care.

An infant mortality rate of 150 to 200 per thousand such as may still be found in the under developed countries, gives an immediate indication of its backwardness and at the same time of the measures which if brought into operation would at once reduce such a rate. In a country such as ours, however, the rate is now overweighted by those deaths occurring under the age of one month (neonatal). This combination of neonatal deaths within the infant mortality rate has the effect of reducing the apparent rate of decline of the latter. There is also a tendency, as the neonatal rate increases, for the stillbirth rate to diminish and it may be a fair assumption that the border-line between stillbirth and survival for the first week or month of life is to some degree artificial. To overcome the latter difficulty the perinatal rate, stillbirths and deaths under one week per thousand live and stillbirths, was introduced.

The perinatal mortality rate 26·2 (West Riding 27·3) shows an improvement on 1964 (34·6) and is less than the West Riding as a whole. The stillbirth rate i.e. births at or over twenty-eight weeks not live born per thousand births (live and still) was 17·6 (West Riding 16·0), an improvement over

1964 (19·6) but slightly higher than the West Riding. The commonest causes of death are prematurity, post-natal asphyxia, congenital malformations, birth injuries ; prematurity being the dominant factor.

Tuberculosis :

The death rate for tuberculosis was 0·04 (West Riding 0·04) and remains at a satisfactory low level with a total of 4 deaths, showing a slight but not significant decrease on the previous year. With the recent influx of susceptible populations to this country, efforts at eradication must continue, and such measures as contact tracing, B.C.G. vaccination, the use of diagnostic radiological services, and continuing improvements in nutrition must be diligently applied.

Infective and Parasitic Diseases :

The rate for these diseases, including all infectious conditions excluding tuberculosis but including venereal diseases was 0·03 per thousand (West Riding 0·04) with a total of one death. This position is a satisfactory one.

Cancer :

The death rate for cancer of all sites was 1·80 (West Riding 2·07) with a total for the division of 199 deaths, 55 or 27·5% of these were due to cancer of the lung.

Cancer of the lung is now the most common type of malignant disease in the country and this is reflected by the continually increasing proportion of deaths in this division from this cause. Cancer of the lung and bronchus now represents a major health hazard. In the last thirty years the deaths from these sites has increased eight fold in men and three to four fold in women. A third of the total cancer deaths in England and Wales are from these causes. The overwhelming majority of physicians have no doubt that the increase in cancer of the lung and bronchus is due to cigarette smoking, and that atmospheric pollution also plays a casual role. The position is most unsatisfactory.

Vascular Diseases of the Nervous System :

The death rate from these causes was 1·31 per thousand (West Riding 1·82), less than in the West Riding as a whole and slightly more than the previous year. Variations from year to year are only slight and it is hard to discern any trend in this area although in the West Riding an upward trend is apparent. The deaths include such factors as "strokes", due to cerebral haemorrhage, thrombosis or embolism, and mortality increases progressively with age.

Heart and Circulatory Diseases :

This group represents the commonest cause of death in this country. The rate for this division was 4.18 per thousand (West Riding 4.48), less than for the rest of the West Riding and similar to the previous year. The various districts showed a fluctuation around this mean divisional figure from which no deductions are apparent.

Coronary disease and angina provide the largest number of deaths in this group and the mortality is appreciably high at the ages of 45 to 54 years in men, the productive years.

Diseases of the Respiratory System :

As reported elsewhere, deaths from respiratory diseases are disproportionately high in this division in comparison with other causes of death. The death rate of 1.42 per thousand was higher than the remainder of the West Riding (1.30 per thousand). Deaths from chronic bronchitis are the most numerous in this group. This disease is important not only as a cause of death but also as a cause of frequent and repeated morbidity and represents a serious loss to the country. Both atmospheric pollution and cigarette smoking are heavily incriminated in its production and play a far more important role than working conditions. Prevention of this disease is all important since once structural changes have taken place the course of the illness is relentlessly progressive. It is regrettable that despite the overwhelming medical evidence, atmospheric pollution is still allowed to continue unabated.

It is not sufficient to ensure that new building shall be smokeless and I would urge the creation of smoke control areas in all urban districts as an urgent health measure.

Maternal Mortality :

The maternal mortality rate i.e. maternal deaths per thousand live and still births was 0.47 (West Riding 0.16).

SECTION 'B'

General Provision of Health Services in the Area

Divisional Medical Officer and Medical Officer of Health :

Dr. D. J. Cusiter

Divisional Nursing Officer :

Miss V. Dunford

Senior Assistant County Medical Officers :

Drs. J. D. Hall,
D. M. Bell,

S. K. Pande,
Margaret Bolsover.

Part-time Medical Officers :

Drs. Barbara Demaine,
M. F. W. Bajorek,
P. L. Baker,
B. R. Baker,
I. Campbell,
Jessica Core,

Marion Lister,
W. R. Porter,
Mary Scott,
H. H. Smith,
J. Wilczynski.

Obstetrician :

Dr. J. C. MacWilliam

Paediatrician :

Dr. C. C. Harvey

Ophthalmologists :

Miss M. A. C. Jones,

Dr. S. K. Bannerjee.

Child Psychiatrist :

Dr. J. D. Orme

Child Guidance :

Mr. H. B. Valentine,

Mrs. L. Bruce.

Health Visitors and Assistant Health Visitors :

Mrs. E. Appleyard,
Mrs. J. Brown,
Mrs. N. M. Dunford,
Mrs. G. I. Ellis,
Miss L. Ferneyhough,
Mrs. M. Fisher,
Mrs. D. Goddard,
Miss M. L. Hampshire,
Mrs. M. Jenkinson,
Mrs. M. M. Knowles,
Mrs. G. Malpass,
Mrs. J. V. McLoughlin,

Mrs. M. Mitchell,
Mrs. N. M. Noble,
Miss M. O'Connor,
Mrs. I. Pettman,
Mrs. E. Pocklington,
Mrs. O. Smith,
Miss M. Sorby,
Miss A. D. Willoughby,
Miss H. Wray,
Mrs. I. E. Milnes,
Mrs. J. Hanmer,
Mrs. I. Senior.

Midwives :

Mrs. D. P. J. Butler,	Miss G. Randall,
Mrs. G. M. Corley,	Mrs. N. Roe,
Miss J. Dearden,	Mrs. A. E. Smith,
Mrs. O. D. Edwards,	Mrs. M. Smith,
Mrs. M. L. Green,	Mrs. E. Stott,
Mrs. A. Hessam,	Mrs. D. A. Taylor,
Mrs. H. E. Hillery,	Mrs. V. Tunney,
Miss K. A. A. Howland,	Miss A. Vernon,
Mrs. F. Launderers,	Mrs. R. Williams,
Mrs. B. Hill,	Miss D. A. M. Spencer.
Mrs. V. J. Marley,	

District Nurses :

Mrs. M. Brookes,	Mrs. M. Herring,
Mrs. J. Cox,	Mrs. B. W. Hucknall,
Mrs. S. R. Dickinson,	Mrs. A. Leavers,
Mrs. H. Dyson,	Mrs. M. Lidster,
Mrs. E. Elsworth,	Mrs. M. McCormack,
Mrs. R. Fairman,	Mrs. A. E. Moore,
Mrs. E. Firth,	Mrs. M. Probert,
Miss E. Gill,	Mrs. K. Roebuck,
Mrs. I. Goldsbrough,	Mrs. M. Waldron,
Mrs. N. Harrison,	Mrs. J. Wilson.

Mental Welfare Officers :

Mrs. F. H. Redman,	Miss D. Bailey.
Mr. R. N. Halliday,	

Training Centre :

Supervisor : Mrs. P. M. Winstanley

Miss J. Hoyle,	Mrs. M. Gray,
Mr. D. Beevers,	Miss P. Peart,
Mr. T. Garbett,	Miss J. Oscroft,
Mrs. E. Naylor,	Miss P. Hart,
Mrs. I. Ardron,	Mrs. M. Haywood.

Administrative and Clerical Staff :- Senior Clerks :

Mr. P. Goddard,	Mr. A. Wilkinson.
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Sectional Clerks

Mr. C. V. Eyre,	Mr. H. Haigh.
Mr. E. K. New,	

Clerks :

Mrs. D. Billington,	Mrs. H. Shirley,
Mrs. J. Gwynnette,	Mrs. P. A. Sturman,
Mrs. K. S. Hickling,	Miss S. A. Winder,
Mrs. H. Mangham,	Miss S. Bennett,
Mrs. A. Mann,	Miss J. Worton.
Mrs. F. Shaw,	

Home Helps :

174 home helps

LOCAL HEALTH AUTHORITY SERVICES

Care of Mothers and Young Children - Section 22

Ante-Natal Clinics :

C.W.C. Welfare Avenue, Conisbrough.	Thursday 2 - 4 p.m.	Dr. J. C. MacWilliam
C.W.C. Church Road, Denaby Main.	Wednesday 10 a.m. - 12 noon	do.
C.W.C. Welfare Park, Goldthorpe.	Thursday 2 - 4 p.m.	do.
C.W.C. Adwick Road, Mexborough.	Wednesday 2 - 4 p.m.	do.
C.W.C. Barbers Avenue, Rawmarsh.	Thursday 10 a.m. - 12 noon	Dr. Mary Scott
C.W.C. Rock House, Swinton.	Thursday 10 a.m. - 12 noon and 2 - 4 p.m.	Dr. H. H. Smith
C.W.C. off Houghton Road, Thurnscoe.	Friday 10 a.m. - 12 noon	Dr. J. C. MacWilliam
C.W.C. Church Street, Wath-upon-Dearne.	Friday 10 a.m. - 12 noon	Dr. Dora Chapman October 1964 Dr. Margaret Bolsover
C.W.C. Monkwood.	Wednesday 2 - 4 p.m.	Dr. Margaret Bolsover

Attendances :

Clinic	No. of patients who attended	No. of Attendances
Conisbrough ...	34	275
Denaby Main ..	119	534
Goldthorpe ...	104	393
Mexborough ...	125	659
Rawmarsh Barbers Ave.	199	779
Rawmarsh Monkwood ..	20	58
Swinton ...	159	955
Thurnscoe ...	69	170
Wath-upon- Dearne ...	93	525
TOTAL	922	4,349

Dr. J. C. MacWilliam, who is medical officer in charge of the ante-natal clinics in the Conisbrough, Mexborough and Dearne areas, also holds a joint appointment as Senior Hospital Medical Officer at the Montagu Hospital, Mexborough. I am most grateful for his co-operation and support.

There were 2,103 live and still births in the divisional area in 1965. 57% of all expectant mothers in the area attend the Local Authority's ante-natal clinics at some time during their pregnancy.

Ante-Natal Relaxation Classes :

Relaxation classes are held at 9 centres which are listed below.

Clinic					No. of attendances
Denaby Main	...	...	...	...	123
Goldthorpe	...	...	...	...	498
Mexborough	...	...	...	...	129
Rawmarsh	...	...	...	...	371
Swinton	...	...	...	...	273
Thurnscoe	...	...	...	...	135
Wath-upon-Dearne	...	...	...	...	445
Conisbrough	...	...	...	...	113
TOTAL					2,087

Family Planning Clinics :

The Mexborough Branch of the Family Planning Association have the use of the child welfare centre at Mexborough for their clinics. They also receive a grant-in-aid from the County Council, following an agreement that they should take over the functions of the birth control clinic, formerly run by the County Council at Rock House, Swinton. Sessions are held each Tuesday evening from 6.15 p.m. to 7.30 p.m. with the exception of the month of August.

Forty-three sessions were held at which a total of 426 women attended, thirty-four of these were new patients, 19 of which were transfers from other family planning clinics. 632 women attended for teaching purposes and for general observation and 785 for medical consultations only. An average of 18 attended at each session three of which were new patients.

Infant Welfare Clinics :

C.W.C. Conisbrough Monday 2 - 4 p.m.	Dr. M. Bajorek
C.W.C. Denaby Main Tuesday 2 - 4 p.m.	Dr. M. Bajorek
C.W.C. Goldthorpe Monday 2 - 4 p.m.	Dr. B. R. A. Demaine
C.W.C. Mexborough Tuesday 2 - 4 p.m. Thursday 2 - 4 p.m.	Dr. B. R. A. Demaine Dr. W. R. Porter
C.W.C. Rawmarsh (Monkwood) Thursday 2 - 4 p.m.	Dr. D. M. Bell
C.W.C. Rawmarsh (Barbers Avenue) Tuesday 2 - 4 p.m.	Dr. Jessica Core
C.W.C. Swinton Monday 2 - 4 p.m.	Dr. I. Campbell
C.W.C. Thurnscoe Monday 2 - 4 p.m.	Dr. J. Wilczynski
C.W.C. Wath-upon-Dearne Monday 2 - 4 p.m.	Dr. D. M. Bell Dr. Marion Lister
C.W.C. Wath-upon-Dearne Tuesday 2 - 4 p.m.	Dr. Marion Lister
C.W.C. Kilnhurst Wednesday 2 - 4 p.m.	Dr. Jessica Core

Attendances :

Centre	No. of individual children who attended	Total No. of Attendances	
		Under 1 year	Over 1 year
Conisbrough	210	2565	561
Denaby Main	281	1043	917
Goldthorpe	534	2713	610
Kilnhurst	210	894	978
Mexborough	466	4081	918
Monkwood	260	834	789
Rawmarsh	454	888	1083
Swinton	485	1941	2114
Thurnscoe	601	1457	2710
Wath-on-Dearne	882	2083	2756
	4383	18499	13436

In 1964 an average increase of 3,000 in the number of attendances at infant welfare clinics was reported. The figures for 1965 showed a corresponding decrease and the attendances approximate to those for 1963. The decrease is mainly in the infants under one year of age with a corresponding increase in those in the higher age groups. There was a 10% decrease in the numbers of individual children attending the clinics and this decrease applied equally to all age groups.

The improvements in the staffing position enabled one hundred and fifty clinic sessions to be conducted by local health authority medical officers compared with ninety-seven in 1964, with a corresponding decrease in the number of sessions by the general practitioners on a sessional basis.

The clinics in general provide facilities for the examination of varying ages and for immunisation and vaccination. Sessions are held also for ante-natal and relaxation purposes. The recommended range of proprietary foods are on sale at all clinics.

The immediate clinic building programme is now completed and the new clinic at Mexborough has been brought into full use by both family doctors and local health authority staff. Planning for a new clinic at Swinton is now in an advanced state and it is expected that building will commence in 1967 as part of the Swinton Redevelopment Scheme.

Premature infants :

A premature infant is one which weighs $5\frac{1}{2}$ lbs., or less at birth. This standard is a convenient one since the medical care of small babies whether they are premature or immature is along the same lines. It must be noted, however that not all babies of this weight bear the same hazard. Observations on the risks of prematurity are included elsewhere in the preface to this report.

There were 149 premature births (including 5 sets of twins) in this division ; 22 were still-born. 18% of the premature babies were born at home and 82% in hospital. Of these born at home 3 weighed under 4 lbs. 12 premature babies died in the first four weeks of life ; all in hospital.

PREMATURE INFANTS BORN IN 1965

District	Born Alive			Stillbirths			No. removed to Hosp. After Birth	No. who survived 28 days		
	At Home	In Hosp.	Total	At Home	In Hosp.	Total		Born at Home	Born in Hosp.	Total
Conisbrough	8	20	28	—	2	2	—	8	16	24
Dearne	6	32	38	—	9	9	1	5	29	34
Mexborough	4	8	12	1	3	4	—	4	8	12
Rawmarsh	5	21	26	—	1	1	2	5	20	25
Swinton	1	7	8	—	1	1	—	1	7	8
Wath-upon-Dearne	4	11	15	1	4	5	—	4	8	12
TOTALS	28	99	127	2	20	22	3	27	88	115

Care of the Unmarried Mother and Child :

A total of 82 illegitimate births were notified during 1965, 75 of which were discovered by our own staff, 4 referred by a moral welfare organisation and 3 by other services.

Marital Status :

(1) Married :

(a) with previous illegitimate children ...	...	5
(b) without previous illegitimate children ...	...	13

(2) Single :

(a) with previous illegitimate children ...	...	7
(b) without previous illegitimate children ...	...	49

(3) Widowed or Divorced :

(a) with previous illegitimate children ...	...	5
(b) without previous illegitimate children ...	...	3

Age incidence :

(1) Age 15 - 19	...	...	...	...	...	29
(2) Age 20 - 24	...	...	...	...	...	21
(3) Age 25 - 29	...	...	...	...	...	21
(4) Age 30 - 39	...	...	...	...	...	9
(5) Age 40 and over	...	...	...	...	...	2

In 2 cases the baby died ; 8 were adopted ; the grandparents kept the children in 4 cases and 59 of the mothers kept their child. In the remaining 9 cases the parents were eventually married.

Under the County Council's Scheme for the care of the unmarried mother and child, financial responsibility may be accepted for the maintenance of unmarried mothers in Welfare Homes for thirteen weeks. The thirteen weeks is exclusive of the lying-in period. Liaison is maintained between the health department staff and moral welfare social workers at Doncaster and Rotherham. Local interviews by the latter can be arranged if required at Mexborough on Thursday evenings.

Problem Families :

The co-ordinating committee concerned with problem families meets at regular intervals under the chairmanship of the Divisional Medical Officer and includes the Divisional Nursing Officer and representatives from the health department, (school medical officers, health visitors, mental welfare officers, public health inspectors), the education department, welfare and children's departments, N.A.B., housing departments, N.C.B., N.S.P.C.C., and probation services. There are rather more than a hundred problem families in the division and thus it is

only possible to discuss the more outstanding and difficult cases at these meetings. Particular attention is paid to those families where the County Council have agreed to guarantee rent payment to the district council.

The information obtained from all sources at the co-ordinating committee is correlated and group decisions are taken as to the best way in which families can best be helped.

MIDWIFERY — SECTION 23

The number of home confinements continued to decrease during 1965, a pattern repeated over the whole country. During the last four years the national proportion of home confinements has fallen to 30%. The level of attendances at ante-natal clinics has shown some fluctuation.

23 midwives were employed in the divisional area at 31st December, 1965; the authorised establishment being 24. It is gratifying, in view of the national shortage of practicing midwives, to know that midwives can be recruited and retained in an industrial area such as ours. The average number of confinements attended by each midwife during 1965 was 38. All midwives are authorised to use their private motor cars on official business and the County Council in common with other local authorities operate an assisted car purchase scheme for staff classified as "essential users".

Refresher courses were arranged for those members of the staff who were required to attend in accordance with Section G of the Rules of the Central Midwives Board. The County Council also provided courses of instruction for midwives at the Adult College at Grantley Hall. Additionally, meetings of midwives are arranged at regular intervals locally.

The issue of Trilene Inhalers to all staff was completed during the year and arrangements were subsequently made to withdraw the "Minnitt" Gas and Air machines previously used.

Of the 2,103 live and still births in the division during 1965 the district midwives delivered 868 babies. 48% of all deliveries therefore were domiciliary. The Cranbrook Committee in its report on the Maternity Services recommended that provision should be made for 70% of all mothers to be confined in hospital. The need for more maternity beds in the area must again be emphasised. General practitioners were present at 139 of the home confinements and medical aid was requested on 123 occasions. Midwives also attended 53 mothers who were discharged from hospital after 48 hours, a further 169 discharged up to and including the fifth day and 327 discharged before the tenth day after delivery.

Visits :

		Ante-Natal	Post-Natal
Domiciliary cases	... ..	6,668	12,556
Hospital cases	... ..	873	2,820
		<hr/>	<hr/>
		7,541	15,376
		<hr/>	<hr/>

HEALTH VISITING - SECTION 24

All the health visitors in this division are now attached to family doctors and as a development of my comments in my 1964 annual report, during 1965 the health visitors were asked to let me have their frank opinions as to the merits or otherwise of such attachments. The following are their comments and are of some interest:—

“The doctors to whom I am attached and I, meet fortnightly. I find these meetings useful in that I have got to know the doctors personally instead of just as a voice over the telephone. In general I find that family doctor liaison has made little difference in my day to day visiting. I think that the benefits from family doctor liaison will be more apparent in the next few years”.

“We feel that this liaison is essential and that it is working quite well. We have found no difficulty in covering the visiting because the doctors confine their practice to the immediate area”.

“The cases referred to me are mostly old people with a problem or occasionally a problem family who need special visiting, and I feel that some families who come into the area may be missed as we may think that these families are being visited by another health visitor”.

“In this group practice with three doctors, I find it impossible to visit adequately all the families on the list. I still feel a special tie with the small area I visited before the attachment, and tend to feel that I am wasting my time travelling longer distances, especially if the person in question is out when I get there. I also find in these three areas that I know nobody and nobody knows me. In school work we shall soon find that we no longer know all the children and their home backgrounds”.

"Doctors are more approachable and are getting to know us better. We do not however know the people the same ; with a block area you know everyone and if anything unusual happens you are aware of it. We cannot keep track of the floating population".

"Before the attachment to Doctors' practices in 1964, I always found liaison with doctors in the area satisfactory on the whole. I cannot say that it has made much difference. Health visiting was more interesting then with a greater variety of problems. Visiting on a smaller area it is easier to keep in regular contact with families needing supervision and also to get to know all the families better".

"The family background of the school child is not known to the health visitor when she visits the school ; this may be a disadvantage to the health visitor and to the school medical officer".

"Too much time consumed in having to travel over a wider area ; unable to carry out routine visits. The health visitor loses touch with the school child and his family, therefore she is unable to give the teacher any information about the child's background which may be in the interest of his education".

"I have found the work much more interesting. Because, however, of the greater amount of distance to cover and more work to do, I find I no longer know my families ; lack of information at school medicals".

"The new scheme of attachment has not made a great deal of difference to me except that travelling time has now increased. I seem to be working in the same way as before and have little contact with the general practitioners. Possibly the most difficult thing to overcome is the public's attitude ; they cannot seem to adjust to the change and this applies especially to the older people. A lot of time is still taken up by problems brought to me by people from my old area, which are now not my real concern".

"Local authorities and general practitioners services are now brought closer together to the mutual advantage of the doctors, health visitors and above all the patient. The general public are increasingly aware of the co-operation between general practitioners and health visitor and from the health visitors point of view work is more interesting. The doctors with whom I work

find the liaison to their advantage. I have less time to give to routine visits. I have a larger area of ground to cover and visits have become more selective. In cases where general practitioner surgeries are held, the setting up of clinics is delayed until late in the morning.

This entails either a return visit to the clinic during one's visiting, or setting up during the lunch hour".

"More understanding between doctor and health visitor and so better help is given to people. More spread out area and ineffective visits are very time consuming".

"Little variety of problems ; many more ineffective visits. The apparently normal families are not getting visited".

No firm conclusions can be drawn but I have commented further in the preface to this report.

24 nurses were employed in the health visiting service at the 31st December, 1965, 18 of whom are fully qualified health visitors. The remaining 6 are all state registered nurses.

The training of health visitors in this division in the techniques of audiometry have continued and this has proved a most important and rewarding part of their duties. Details are given later in this report of the activities of the health visitors in the ever expanding health education programmes.

The following is an analysis of the work undertaken by health visitors during 1965:—

Visits :

Expectant mothers	...	...	135
Children under 1 year	...	6,076	
Children aged 1 - 2 years	...	4,344	
Children aged 1 - 5 years	...	7,628	18,048
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Tuberculosis households	...		518
Other cases	11,734
School health cases	1,772
Ineffective	1,629
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Total			33,836
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Clinic and School Sessions :

Maternity and Child Welfare	2,081
Ultra Violet Light	6
Specialist - Chest	...	...	1
- Other	...	...	210
School Health	...	...	1,445
Total			3,743

Since the formation of the National Health Service the work of the health visitor has expanded from its original role of the care of mothers and babies to the wider field of the families as a whole. The number of visits made continues to increase without proportionate increases in the total number of health visitors employed.

HOME NURSING - SECTION 25

The staff of the home nursing service in the division at 31st December, 1965 consisted of 22 full-time nurses. The staff who are able to drive cars are either authorised to use their own vehicles on official business or have been provided with County owned motor vehicles.

The home nurses and health visitors are often instrumental in arranging financial relief for patients through such agencies as the National Society for Cancer Relief and the Marie Curie Fund. I am grateful for the help which we receive from these voluntary organisations. The total sum disbursed in the year was £290 5s. 0d.

A night and day sitting service has been established. The strain experienced by relatives in nursing terminal illnesses can be relieved by the provision of a nurse or a lay person to remain with the patient during the day or the night. The cost is supported by the County Council. Six patients were supplied with this service during 1965. The time involved was 433 hours and the cost £132 8s. 10d..

The following are statistics relating to the work of the home nurses in 1965. It will be seen that they made 49,056 visits to 1,937 patients. Nearly half of the patients nursed were aged 65 or over and they were visited on 28,487 occasions. 526 patients had more than 24 visits each during the year.

Case Summary :

Classification	No. of cases attended	No. of visits made
Medical	1,393	38,277
Surgical	384	8,120
Infectious Diseases	42	252
Tuberculosis	28	1,591
Maternal complications	54	440
Other	36	376
TOTALS:	1,937	49,056
Patients included above who were aged 65 or over	985	28,487
Children included above who were under 5 or less	63	389
Patients included above who have had more 24 visits or more	526	31,619

The total number of staff weeks worked during the year
on home nursing 878

Of the total of 1,937 patients nursed during the year 1,370 cases were completed by the 31st December, 1965. The main categories of diseases for which these patients were treated included respiratory diseases (i.e. bronchitis, pneumonia but not tuberculosis) 161 anaemias 114 complications of pregnancy 73 skin diseases (i.e. boils, carbuncles etc.) 89 ; constipation 60 ; diseases of the heart and arteries 100. The treatment consisted of injections in 570 cases and general nursing in 626 cases. Antibiotics were administered by injection in 332 cases and drugs for anaemias accounted for 173 cases in which injections were given. 7,074 visits were made by home nurses for the sole purpose of giving injections.

The overwhelming proportion of the work of the district nurse is now concerned with the over sixty-fives, and this is reflected in the increasing proportion of local authority costs for this age group, e.g. home helps, chiropody, wardens schemes etc. This disproportion is reflected in the hospital and general

practitioner services, and there is no doubt that such disproportionate expenditure will continue to rise as the numbers of the aged increase.

Training Scheme :

The County now trains its own home nurses. Nurses with S.R.N. qualifications can only be accepted for temporary appointments. If they accept the approved course of training for the Queen's Institute of District Nurses and have had less than eighteen months experience of home nursing they are seconded to another division for a period of three or four months. In our own division, Mrs. Hucknall Senior Nursing Sister, Rawmarsh, and Mrs. M. Brooks, Senior Nursing Sister, Thurnscoe, have been selected as Sisters in charge of training.

The nurse under instruction remains under the supervision of one or other of these senior sisters for the whole of the period. Lectures are held at Wakefield and three weeks are spent at the Johnson Memorial Home, Sheffield. Miss N. I. Harris, Home Nurse Tutor and Miss V. Dunford, Divisional Nursing Officer, supervise the overall training programme.

VACCINATION AND IMMUNISATION - SECTION 26

Smallpox Vaccination :

Age at 31/12/65	Under 1 1965	1—4 1961/64	5—14 1951/60	15 or over before 1951	Total
No. Vaccinated					
Dearne	6	40	4	6	56
Conisbrough	—	54	2	1	57
Mexborough	—	33	2	3	38
Wath	1	51	6	2	60
Swinton	1	47	3	6	57
Rawmarsh	4	35	3	2	44
Total	12	260	20	20	312
No. Re-vaccinated					
Dearne	—	—	—	3	3
Conisbrough	—	—	1	—	1
Mexborough	—	1	1	1	3
Wath	—	—	3	3	6
Swinton	—	—	—	2	2
Rawmarsh	—	—	1	1	2
Total	—	1	6	10	17

Diphtheria Immunisation :

Urban District	No. of children primarily Immunised			No. of children given booster doses during 1965
	Under 5 yrs.	5—14 years	Total	
Conisbrough	259	65	324	215
Dearne	462	117	579	416
Mexborough	213	77	290	224
Wath	242	31	273	164
Swinton	240	29	269	192
Rawmarsh	317	38	355	191
Total	1733	357	2090	1402

The immunisation rate in this division is at a satisfactory level, and no cases of diphtheria have been reported for some time. It is of the utmost importance to ensure the immunisation of all children in their first year of life and that this immunity be boosted at the age of five years and again at ten years.

Poliomyelitis Vaccination :

	No. of persons completely Vaccinated during 1965		Total persons completely Vaccinated	
	3 Dose	4 Dose	3 Dose	4 Dose
Children born in years 1950 — 1965	3726	1257	28433	8328
Young Persons	371	—	12618	1761
TOTAL	4097	1257	41051	10089

Vaccination against poliomyelitis is now carried out by means of oral vaccine only and is given as three doses in the first year of life followed by a booster dose at the age of five years. The advent of the Sabin vaccine has produced what may well be an almost total acceptance with the general public.

Following the outbreak of poliomyelitis in Lancashire during the year the immunisation rate of school children was reviewed and measures were taken which have resulted in an acceptance rate of 98%. This is further referred to in the school health section of this report.

AMBULANCE SERVICE - SECTION 27

The divisional area is served by the County Ambulance Station at Dunford House, Wath-on-Dearne. The Station Officer is Mr. F. Hyde, G.I.A.O., who has kindly supplied the statistics listed below. The staff of 30 includes 22 male driver-attendants, 1 female driver-attendant, 5 male shift leaders and 2 clerk/telephonists. During the year one female driver-attendant retired and was replaced by a male driver-attendant.

No. of patients conveyed	...	...	...	38,675
No. of journeys	...	...	...	6,755
Total mileage 1.1.65 to 31.12.65	...	...	...	206,075

Details of journeys :

No. of patients to out-patient clinics	...	...	30,590
No. of patients for admission to hospital	...	...	3,605—(2,180 emergencies)
No. of patients for discharge from hospital	...	...	2,600
No. of patients transferred from hospital to hospital	...	...	954
No. of patients from accidents	...	...	926
Total			38,675

The eight vehicles stationed at Wath-upon-Dearne are all equipped with short wave radio communication sets. The Station Superintendent and his staff have all received instruction in emergency resuscitation, emergency midwifery and emergency treatment of unconscious casualty. The Station Superintendent received this instruction at a course at Leeds Infirmary and the remainder of the station staff received instruction from myself. Films have also been shown on mouth to mouth breathing and emergency childbirth by the Divisional Nursing Officer. The ambulance depot has its own inspection pit and maintenance department but major repairs are referred to County Ambulance Headquarters, Birkenshaw, Bradford.

During the year outbuildings were demolished to give a direct entrance to the maintenance garage and to provide further car parking facilities. The Womens Voluntary Service became available and this has been called upon during emergencies for sitting patients.

The Ambulance Depot telephone number is Wath-upon-Deerne 2234/5 night and day, and any person can order an ambulance for any accident or emergency childbirth where it is apparent that emergency hospital treatment is required. All members of the service hold a valid certificate of the St. Johns Ambulance Association.

Out-patients form the great majority of ambulance patients, accident cases by comparison form only a small percentage of the whole. The number of ambulance cases continues to rise each year whilst the total distance for each patient decreases despite active measures taken to discourage unnecessary use of ambulances. The total number of patient journeys has risen by three times. It should, however, be noted that efficient organisation has prevented a proportionate rise in costs. There can be no expectation of a decrease in the use of this service as the numbers of the elderly of the population continue to rise.

PREVENTION OF ILLNESS - CARE AND AFTER CARE SECTION 28

Nursing Equipment in the Home :

1,308 issues of various form of nursing equipment were made in 1965. These items ranged from feeding cups and walking sticks to hospital beds and hydraulic hoists.

Each home nurse keeps a stock of smaller items of equipment and the larger items are stored with a reserve supply of minor items at Wath-upon-Deerne and Mexborough. A monthly return of available equipment is sent to Central Office at Wakefield so that transfers can be readily effected between divisional areas as the occasion demands.

Every use is made of disposable items of equipment such as bed pads and pants for incontinent patients and plastic syringes and disposable needles.

Enuresis alarms are made available for use with children who are habitual bed-wetters on medical recommendation. 28 alarms were available at the end of December 1964 and they had been issued 42 times in all.

Hospital After-care :

The following hospitals are attended by health visitors each week :—

Montagu Hospital, Mexborough

Fullerton Hospital, Denaby Main

Wathwood Hospital, Wath-upon-Dearne (primarily for chest cases)

Doncastergate Hospital, Rotherham

Moorgate Hospital, Rotherham.

Mrs. O. Smith, health visitor, reports :—

"I took over the duties of hospital liaison from Mrs. Jenkinson with some anxiety during 1965. A particular aspect of the work which gave me some concern was the responsibility of visiting the aged at home awaiting admission to hospital. Each week I visited Doncastergate and Moorgate hospitals and on my return referred any problems to the appropriate health visitor. Although most of my visiting is connected with the elderly, problems have arisen with younger patients ; i.e. a husband with an incapacitated wife ; an adolescent girl confused and unhappy, reluctant to return home ; a mother worried about her children whilst she is in hospital. I have received detailed information from the maternity units with particular emphasis on problem families and unmarried mothers, the latter are visited by Moral Welfare Workers in hospital, but I also find it useful to have some knowledge of such cases to avoid the embarrassment of initial home visits after birth to a mother whose baby has been fostered or adopted.

I receive information weekly from the hospital secretary about the waiting list of old people. These cases are discussed monthly by Dr. Cantor and myself and their urgency is reviewed.

I have been particularly impressed after a long absence from hospital work to visit children's wards and see the modern incubators and up to date methods of feeding preparation. Premature babies born in Moorgate Hospital are kept on the maternity ward and the premature babies born out of hospital are transferred to Block "B" of the same hospital.

Each month I visited Oakwood Hall and Badsley Moor Lane hospitals. I have found the work enjoyable and rewarding and it has been made the more easier by the ready co-operation of all the nursing and medical staff of the hospitals. I have always been allowed free access to the patients".

Doncaster Gate Hospital :

No. of visits to hospital	...	...	...	...	49
No. of interviews in hospital	...	...	...	...	107
No. of home visits	...	...	...	...	60
No. of investigations of home conditions	...	...	...	...	70
No. of cases for supervision by health visitors on discharge	...	...	...	...	35
No. of home nurses arranged for patients on discharge	...	...	...	...	20
No. of home helps arranged for patients on discharge	...	...	...	...	10
No. of cases for which convalescent home treatment arranged	...	...	...	...	—
No. of cases of special environmental investigations	...	...	...	...	7

Moorgate Hospital :

No. of visits to hospital	...	...	...	...	59
No. of interviews in hospital	...	...	...	...	115
No. of investigations of home conditions	...	...	...	...	70
No. of cases for supervision by health visitor on discharge	...	...	...	...	56
No. of home nurses arranged for patients on discharge	...	...	...	...	30
No. of home helps arranged for patients on discharge	...	...	...	...	22
No. of cases for which convalescent home treatment arranged	...	...	...	...	—
No. of cases of special environmental investigations	...	...	...	...	40

Wathwood Hospital :

The health visitor Mrs. Jenkinson reports as follows :—

“Once again I have spent a very happy year visiting Wathwood Hospital. Wards “D” and “C” and the cubicles have been for the most part for short stay patients admitted for investigations or for such conditions as congestive heart failure. During 1965 ten orthopaedic beds were taken over on

Block "B" for female geriatric patients. A total of 32 female geriatric beds are now available and 16 of these were occupied by patients from this area at the end of the year. A further 9 elderly female patients were admitted for holiday periods also.

Wathwood Hospital :

No. of visits to hospital	...	...	...	...	42
No. of interviews in hospital	...	...	...	...	206
No. of home visits	...	...	...	...	—
No. of investigations of home conditions	...	...	...	...	182
No. of cases for supervision by health visitor on discharge	...	...	...	...	35
No. of home nurses arranged for patients on discharge	...	...	...	...	1
No. of home helps arranged for patients on discharge	...	...	...	...	7
No. of cases for which convalescent home treatment arranged	...	...	...	...	—
No. of cases of special environmental investigations	...	...	...	...	4

Tuberculosis After-care :

The divisional area is served by two consultant chest physicians, Doctors J. D. Stevens at Mexborough and A. C. Morrison at Rotherham. Excellent co-operation is maintained ; a health visitor visits the Mexborough chest clinic each week to consult with the chest physician and a further health visitor attends each week at the Wathwood Hospital for the same purpose. Both these health visitors are concerned with the arrangements for after-care and to help in the resolution of any problems experienced by any of the patients on their discharge from hospital. All applications for extra nourishment grants are initiated by the health visitor and countersigned by the chest physician ; such applications are reviewed every two months.

Health visitors are responsible for the provision of background reports on contacts of notified cases of tuberculosis. 83 contacts of the 16 known cases attended the chest clinic during the year and on an average 5 contacts for each case are referred in this way. Three of the 83 contacts were later found to be suffering from the disease.

B.C.G. vaccination of school children was continued and of the 2,164 children offered Heaf testing 80% accepted ; an increase of 10% over 1964. The incidence of negative reactors in the schools was within the national average. The number

of positive reactors referred for chest x-ray i.e. grade 3 or 4 was within normal limits. One case of active primary pulmonary tuberculosis was discovered following Heaf testing in a boy of 13. He has now been discharged from hospital and is making satisfactory progress. Thirty-one immediate contacts of this case together with 24 staff contacts were followed up. Twenty-three of the pupils were Heaf negative and were given B.C.G. vaccination followed by chest x-ray by the Mass Radiography Unit together with all the staff. All were clear. Seven of the pupils were Heaf positive and were referred for investigation at the chest clinic.

The South Yorkshire Area Mass Radiography Unit held public sessions at the Central Hall, Thurnscoe during 1965 and 1,725 x-rays were carried out ; a total of 117 abnormalities were discovered.

Non-tuberculosis abnormalities discovered are classified as follows :—

Abnormalities of the Bony Thorax and Soft Tissues—Congenital	...	...	...	2
Abnormalities of the Bony Thorax and Soft Tissues—Acquired	...	...	...	1
Bacterial and virus infections of the lungs	...	...	...	1
Bronchiectasis	...	...	...	6
Emphysema	...	...	...	2
Pulmonary fibrosis—non-tuberculosis	...	...	...	8
Pneumoconiosis—not previously certified	...	...	...	53
Pneumoconiosis—previously certified	...	...	...	12
Benign tumours of the lungs and mediastinum	...	...	...	1
Carcinoma of the lung and mediastinum	...	...	...	1
Enlarged mediastinal and bronchial glands non- tuberculosis	...	...	...	—
Sarcoidosis and collagenous disease	...	...	...	—
Pleural thickening of calcification — non- tuberculosis	...	...	...	4
Abnormalities of the diaphragm and oesophagus ; congenital and acquired	...	...	...	1
Congenital abnormalities of heart and vessels	...	...	...	—
Acquired abnormalities of heart and vessels	...	...	...	8
Miscellaneous	...	...	...	2

Beds and bedding are available on loan to those patients who require bedroom segregation and subject to the recommendation of the chest physician, extra nourishment in the form of milk is provided free of charge to all patients suffering from active pulmonary tuberculosis ; the number of such patients continues to decrease. Two of the 54 cases receiving extra nourishment at the 31st December 1965 received one pint of milk daily instead of the usual two. 18 grants were made during the year and 19 discontinued.

The Doncaster and Rotherham Care Committee have provided personal clothing for such patients where a need exists and when the recommendation is supported by the chest physician.

All the district councils in the division allow priority of housing on the recommendation of the Medical Officer of Health for active cases of pulmonary tuberculosis where the Medical Officer of Health considers that their present housing accommodation is inadequate or where there is over-crowding, or where the house is situated in areas of gross atmospheric pollution.

Chiropody :

The number of patients receiving chiropody treatment decreased by 735 compared with 1964. Of the 3,356 patients on the register approximately 695 received treatment at home. The total number of treatments given showed a decrease from the previous year of 615.

Summary of treatments :

Voluntary Association	Total Sessions	No. of Patients treated			No. of attendances
		Domi-ciliary	Non-Domi-ciliary	Total	
Bolton-on-Dearne O.A.P. Association	188	126	375	501	2435
Goldthorpe O.A.P. Association					
Thurnscoe O.A.P. Association					
Thurnscoe W.V.S.					
Conisbrough & Denaby Main O.A.P. Welfare Committee	32	—	83	83	297
Mexborough Old Folk's Welfare Committee.....	218	114	442	556	2474
Swinton Aged Peoples Welfare Committee.....	135	107	257	364	1657
Rawmarsh Aged Peoples Welfare Committee.....	225	188	401	589	2646
Wath-on-Dearne Aged Peoples Welfare Com'tee	161	160	268	428	2106
Total	959	695	1826	2521	11615

I would like to express my thanks to the officials of the voluntary association.

National Assistance Act, 1948 - Section 47 :

This section of the Act is concerned with the compulsory removal of persons in need of care from their homes on a Court Order or in an emergency on an Order signed by two medical practitioners and a Justice of the Peace.

Such person may be removed to a County Home or hospital, provided that all the sections of the Act are satisfied. It was not necessary to take any action under this section in 1965.

Joint Wardens Schemes for the supervision of the aged :

The scheme, organised jointly by the county council and the local district councils, provides for the supervision by wardens of aged persons, both in units or other purpose-built accommodation and in ordinary dwellinghouses. The wardens may or may not be resident. In all cases, the wardens are provided with a telephone, an illuminated sign where this is necessary, and are paid a salary, the amount of which is at the discretion of the local district council. In those circumstances where the warden is non-resident, it is their duty to visit once each day and to direct the help of the appropriate agency where this is required. No physical help, other than in an emergency, is required of the warden.

Residential accommodation for the aged who are suitable for supervision under the wardens scheme has been provided in this area as follows :—

Conisbrough :	2 Wardens Bungalows— Shepherds Close Denaby Main. Coronation Cottages, Conisbrough. Flats— Marchgate, Conisbrough.
Dearne :	6 Wardens Bungalows— Chestnut Grove Thurnscoe. Low Grange, Thurnscoe. Market Square, Goldthorpe. King Street, Goldthorpe. Green Gate Close, Bolton-on-Dearne.

- Mexborough : 4 Wardens Bungalows—
Oak Close, Mexborough.
Crossgate, Mexborough.
Montague Street,
Mexborough.
Highwoods Road,
Mexborough.
- 2 Wardens Flats—
Maple Leaf Court,
Mexborough.
Hallgate, Mexborough.
- Rawmarsh : 1 Warden Bungalows—
Greenfield, Rawmarsh.
- Swinton : 6 Wardens Bungalows—
Church Close, Swinton.
Brameld Road Swinton.
St. Mary's Crescent,
Swinton.
Russell Road, Kilnhurst.
- Wath-upon-Dearne : 6 Wardens Bungalows and Flats—
Almond Place,
Wath-upon-Dearne.
- Bungalows—
Cemetery Road.
Wath-upon-Dearne.
Mount Pleasant Road,
Wath-upon-Dearne.
Coleridge Road,
West Melton.
Stokewell Road,
West Melton.
Tennyson Rise,
West Melton.

The county council have now decided that the scheme should be extended to cover aged persons in need of the service not resident in council houses. An estimate of the additional number of wardens required has been submitted to the County Council and it is expected that the extension of the scheme in this manner will proceed during 1965. The scheme is intended to prevent the isolation of those old people whose own families are not able to visit them as often as is desirable. It is not intended in any way to relieve families of their responsibilities towards their aged parents, and indeed, it would be most undesirable if local councils proceeded in this way.

No wardens were appointed during 1965 for this purpose.

Meals on Wheels :

Meals on wheels services were in operation in all six county districts by the end of 1964. Under the provisions of the scheme meals are provided to people who are suffering from malnutrition or who are unable to cook their own meals due to disability and have no-one else to cook their meals for them. Containers for the service are provided by the County Council who also subsidize the meals to the extent of 1s. 6d. per head. The recipient is charged 1s. 0d. per meal.

Urban District	No. of Persons	Frequency	Total Meals
Conisbrough	60	Twice weekly	120
Dearne	48	Four days a week	192
Mexborough	60	Twice weekly	120
Rawmarsh	50	Twice weekly	100
Swinton	36	Twice weekly	72
Wath-on-Dearne	42	Twice weekly	84
TOTALS	296		688

Health Education :

The health education programme in this division includes the teaching of mothercraft and general hygiene at almost all the secondary modern schools ; talks to parents of leavers and

entrants at the schools ; talks on home safety in many of the junior schools and to the aged. Further health education programmes were carried out at the Wath-upon-Dearne Mothers' Club and at young wives groups. Relaxation classes are especially valuable for the special teaching of expectant mothers. Health education is a routine part of the work at all infant welfare clinics.

A comprehensive course of lectures on the subjects of personal hygiene, mothercraft, the dangers of smoking and home safety has been given to school children in six secondary schools. At the same time the opportunity was taken to explain the work of the public health department and general nursing services. The children were introduced to midwives, home nurses and public health inspectors who have explained their various roles in the public health service.

Parents have also been invited to schools and clinics to see some of the films on personal hygiene before these were shown to their children. Discussions also took place with the parents on particular problems presented by their daughters and sons. The number of parents attending these sessions has varied with the locality. No specific talks have been given on venereal diseases during these courses.

Mothers' Clubs :

Three Mothers' Clubs continue to hold fortnightly meetings. Members of the health department and outside speakers presented talks or films on some aspect of health education on each occasion. A fourth Mothers' Club which was opened at Monkwood infant welfare centre during the summer months was not well attended.

Relaxation Clinics :

Midwives in all areas of this division hold regular relaxation classes weekly, and full use was made of films, film strips and other health education material.

Home Safety :

Rawmarsh, Conisbrough, and Wath-upon-Dearne Urban District Councils held full scale home safety programmes during which health visitors visited all schools in the areas and also talked to mothers' meetings and aged people.

The divisional medical officer or divisional nursing officer attended home safety meetings in the area.

To support our health education activities the following equipment is at our disposal :—

- two 35 m.m. film still projectors
- one 16 m.m. sound projector
- three screens
- various posters and leaflets.

Help has been given to the division by the deputy county nursing officer, Miss M. G. Edwards, whose particular concern is with health education.

DOMESTIC HELP SERVICE - SECTION 29

Establishment of domestic helps	...	...	81
No. of domestic helps employed at 31.12.65 part-time	...	...	174
(equivalent of 77.2 full time)			

Groups receiving assistance :—

				No. of cases	Hours
(1)	Maternity (including expectant mothers)	...	...	47	2,025
(2)	Chronic sick				
	(a) aged 65 plus	...	...	1,209	156,238
	(b) aged under 65 and tuberculosis	...	...	100	8,224
(3)	Others	...	...	38	2,162
				Totals	168,650

The provision of domestic help is based on a medical certificate from the family doctor and may be provided for the ill, aged, mentally defective, or to care for young children in the absence of the mother in hospital. The service is also provided when required for expectant mothers before, during, and after confinement.

The home help service is not a free service, each applicant is required to complete a form giving details of their financial circumstances and the charge is assessed after consideration of these details. Persons in receipt of a Supplementary Pension from the National Assistance Board are not charged.

In exceptional circumstances, and where this is authorised by the Divisional Medical Officer and the County Medical Officer, a 24 hour service can be provided.

The demand for this service continued to rise during the year and the equivalent of two extra full time home helps were required.

MENTAL HEALTH SERVICE

Subnormal or Severely Subnormal :

Number under care and guidance	...	...	501
Number of ascertainsments	...	...	13
Number attending training centre	...	...	123

Mentally Ill :

Number discharged from psychiatric hospital	...	197
Number requiring after-care	... ..	509
Number of visits involved for after-care and patients referred from out-patient clinics	...	3,173
Number of cases referred to out-patients psychiatric clinics	... ..	102
Number referred to rehabilitation centres	...	22
Number referred to Youth Employment Office under 17 years of age	... ..	9
Number of domiciliary consultations	... ..	216

Out-patients Clinics :

Monday, Wednesday

Barnsley Beckett Hospital

Consultant, Dr. M. Jeffrey.

Mrs. F. H. Redman attends.

Average attendances each year 456

Monday, Thursday

Mexborough Montagu Hospital

Consultant, Dr. N. L. Gittleson.

Mr. R. N. Halliday attends.

Average attendance each year 330

Friday

Doncaster Royal Infirmary

Consultant, Dr. M. Jeffrey.

Miss Bailey attends for training purposes.

Average attendance each year 480

Mentally subnormal patients not attending training centre :

Males	23 working full-time, 1 part-time.
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Females	18 working full-time, 2 part-time.
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Males occupied at home	...	11
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Females occupied at home	...	17
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New patients at the out-patients clinics are first seen by the mental welfare officer ; a full social history is obtained before the patient is examined by the consultant psychiatrist. Follow up visits are made by the mental welfare officer at the request of the consultant. The mental welfare officers accompany the psychiatrist on domiciliary consultations to review the patient's social background. The number of visits to patients has continued to increase during 1965.

The Psychiatric Social Club—"The Rock Club"—established in 1961 continues to flourish. The aim of the club is to meet the needs of the mentally ill who are able to attend the club on their own initiative. The patients are referred from

out-patient clinics when the club is considered to be of therapeutic value both clinically and socially. The work of the club provides a good example of inexpensive yet invaluable local health and hospital liaison.

The club comprises 62 members who meet in the evening. It has been successful in its aims to lessen hospital admissions in certain cases, to educate families and friends to the needs of such patients and to rehabilitate the patient. A further venture during the year has been the establishment of evening sewing classes for patients and expatients with the invaluable help of the Rockingham Institute of Further Education. These classes are at the moment in their infancy and are suitable for ladies only. but there is no doubt that this is an important step forward in the rehabilitation and treatment of the mentally ill.

The need for community care of the mentally disordered so clearly stated in 1959 Act is now an accepted principle of the treatment of the mentally ill. The primary aims of any community care service must be the return of the patient to his own home in the shortest possible time, and to achieve this, any psychiatric programme must maintain a collaborative relationship with all local organisations, educational, social welfare, public health, religious and recreational.

Increasing attention is now being given in the provision of day centres for short term patients. Twenty-seven patients attended the Yews Day Hospital, Sheffield, and after treatment return home each evening. The Consultant Psychiatrists Doctors M. Jeffrey, N. L. Gittleson and J. Kerry have given the most invaluable help during the year. Early diagnosis and treatment by psychiatrists has reduced the number of patients who would otherwise require treatment as inpatients.

The provision of an efficient aftercare service requires an expenditure of much time and effort. Such a service involves supervision of domiciliary medical treatment, rehabilitation and effective training for re-employment, satisfactory re-employment for psychiatric cases and suitable employment for the mentally subnormal outside the training centres is an obvious need and in this respect the fullest use is made of the service of the Ministry of Labour, Youth Employment Officers and Disablement Resettlement Officers. A problem to all mental health authorities is the most suitable care for senile confused patients. It is an only too frequent experience that these old people are considered neither suitable for admission to geriatric nor psychiatric unit. In general however, they are more suitably placed in a general hospital providing specialised care for old people.

All of us who work in the mental health service appreciate that the service has not yet had time to develop. The Mental Health Act is a mere six years old and many purely administrative difficulties remain to be overcome. The most suitable form of training for mental welfare officers still remains to be determined since their duties have become wider and more technical following the implementation of the Mental Health Act 1959. Progress, however, continues to be made.

I am indebted to Dr. Gittleson for the following report:—

“It is with pleasure and satisfaction that I am reviewing another year of continuous and happy co-operation between the Mental Welfare Services of the National Health Service and of the Local Authority. Last year I commented on the increased need for co-operation and co-ordination between the various Authorities so that our joint efforts would harmonise and avoid duplication. This happy state has prevailed in the past year.

In the geriatric field there is still heavy pressure on all facilities and this, of course, is an increasing national as well as our local problem. However, it has been possible to deal with many psychogeriatric problems in the community and avoid admission to mental hospital. This has been due in no small measure to the increasing use of Local Authority services such as Social Care and Welfare Agencies, Home Help, Health Visitors and of course, the ever present Mental Welfare Officers”.

Training Centres :

The Care Unit is now fully established and is proving its value. Thirteen patients are at present in the unit staffed by one assistant supervisor and one general purposes assistant. The majority of these patients require assistance with washing, dressing and feeding and are both physically and mentally handicapped. A special mini-bus fitted with safety straps is used to convey these patients to the centre.

Fifty-eight juniors attend the training centre and fiftysix adults male and female attend the work shop sections. The numbers admitted continued to increase during the year. Adult trainees are engaged on contract work for the West Riding County Supplies Department and the standard of work produced is very high. Incentive payments are made to the trainees.

2,500 meals were prepared and served during the year in the kitchen completed in 1964. Open Day was held in June when parents and friends were invited. These visits are of the greatest value in that they show the public the work performed at the centre and the results produced.

The Parent Teachers Association meets frequently for social evenings attended by the adult trainees as well as parents, teachers and friends. The annual trip this year was to Bridlington and proved most enjoyable and successful. The usual Christmas parties for juniors and seniors was held and we are indebted to Mr. and Mrs. Oldroyd for the gift of a large Christmas tree.

The County Council held regular series of in-service courses for the staff at Grantley Hall.

Industrial Work :

Completed at the Training Centre :—

Industrial Job No.	1. Firewood (sacks)	...	1,269
" " "	4. Clay modelling boards	...	1,500
" " "	7. Curtains (school)	...	12
" " "	17. Dolls Cots	... ..	38
" " "	26. P.E. Blocks 9"	...	284
" " "	35. Workholder Cases	...	3,140
" " "	37. Clothes Horses 5 ft. 3 fold	... ..	38
" " "	37. Clothes Horses 3 ft. 2 fold	... ..	45

Industrial Job No. 58.	Playhouse Screens	...	18
„ „ „ 58.	Renovated Playhouse Screens	... ..	7
„ „ „ 73.	First-Aid Boxes	...	37
„ „ „ 75.	Wooden Hollow blocks 12" x 12" x 8" ...	... ..	168
„ „ „ 75.	Wooden Hollow blocks 12" x 12" x 12" ...	... ..	60
„ „ „ 76.	Clothes Props 9' x 1 $\frac{3}{4}$ " x 1 $\frac{1}{8}$" ...	... ..	48
„ „ „ 81.	Corner Flags	... ..	630
„ „ „ 87.	Christmas Crackers (boxes)	... ..	53
„ „ „ 91.	Feeders	... ..	369
„ „ „ 96.	Dolls Clothes Horses	...	108
„ „ „ 105.	Padder Type Bats	...	100
„ „ „ 110.	Clothes Posts and Bases		12

The total amount credited to the centre for the work was £1,146 6s. 0d. The trainees also carried out laundry work for the centre and for the divisional office and helped in the maintenance of the grounds at the centre.

SCHOOL HEALTH SERVICE

The staffing position in the school health service during 1965 has been satisfactory. It has not been possible, however, to obtain the services of a speech therapist and this is a general shortage throughout the West Riding.

The policy of attachment of health visitors to individual or groups of family doctors rather than to areas has produced minor problems for the school health service. Some health

visitors feel that their background information is no longer complete. This problem, however, should lessen with the passage of time.

The National Health Service Act of 1946 made it a statutory duty of local health authorities to provide free vaccination against smallpox, and immunisation against diphtheria. In 1962 the duty was extended to include poliomyelitis, whooping cough, tuberculosis and tetanus and that some progress in persuading the public to accept these measures has been made is shown by the doubling in cost of the service in the seven years between 1949 and 1956. However, it is clear that the public require the stimulus of an outbreak before satisfactory levels of immunity can be reached, and this has been illustrated in recent years by the smallpox epidemic in Bradford in 1962 and the outbreak of Poliomyelitis in Blackburn in 1965 ; on both occasions local health authorities were inundated with requests for protection.

Public pressure during an outbreak can in fact influence a medical officer of health to carry out emergency procedures which may in fact have no effect on the spread of the particular disease. In general, however, in this area we have not been subjected to these pressures and the general public have remained relatively calm. The 1965 poliomyelitis epidemic, however, reminded us that without a satisfactory immune state, poliomyelitis epidemics might recur, and it was therefore decided to carry out a vaccination programme involving every school child in this area. Sabin who developed the oral poliomyelitis vaccine has always maintained that the disease would disappear if all children were given three doses of this type of vaccine.

It was agreed with the Divisional Education Officer that the schools should prepare an up to date nominal roll of all their children and that this nominal roll should be sent directly to us.

Explanatory letters with a consent form attached for the parents, was sent to the schools, who were asked to check each consent form on its return by the child following parental signature.

Of the 20,475 consent forms sent out 90 parents refused consent and 1,262 forms were not returned—an acceptance rate of 93.4%. The health visitors gave one dose of Sabin vaccine to every child in receipt of a signed consent form. All children whose last dose of oral vaccine was more than one year ago were included in the scheme, and all children who had previously received three doses of Salk were given a booster dose of Sabin vaccine. 2,684 children received their primary course of three doses.

After the health visitor had completed the vaccinations the consent forms were returned to the divisional health office for checking against the nominal rolls to identify absentees and for the completion of records.

Those parents who have refused vaccination and those cases in which consent forms were not returned to the schools, are now being re-invited in the same way as before and the schools are being asked to keep a very special check on non-returned consent forms. In this way I should attain a school population, the overwhelming proportion of whom are immune to poliomyelitis. If Sabin is correct, this should be sufficient to ensure a satisfactory herd immunity in my area.

The same rigorous checks will be applied to all new school entrants to maintain a school population with an immunity approaching 100%. In this way it should be possible to achieve in time a local population, the majority of whom are immune to poliomyelitis, without the insuperable difficulties which accompany any attempt to vaccinate en masse a whole population.

Any mass vaccination scheme is however laborious and my office staff and health visitors—particularly the former—have been fully employed.

Examination of the figures reveals the following two points of interest

1. The differing acceptance rates (in some cases widely) between otherwise apparently homogeneous populations.
2. The opportunity afforded by such an exercise of determining the actual immune state of a division as far as its school population is concerned, before and after—93·4% at this date as compared with 82·5% previously.

I would add that the whole programme has been carried out without alarm to the general public, and without any press publicity :—

Table I

Inspection of School Children 1965 :

Entrants	...	...	...	...	...	1,693
First Year Secondary	...	...	...	...	...	1,751
Last Year Secondary	...	...	...	...	...	2,201
Total						5,645
No. of Special Inspections	...	...	...	...	...	1,498
No. of Re-inspections	...	...	...	...	...	23
Total						1,521
Total Inspection						7,166

Physical Condition of Pupils Inspected :

Satisfactory	...	...	...	...	99.5
Found to require treatment	...	...	...	...	6.1%

The percentage requiring treatment is lower than the national average and is satisfactory.

The percentage of pupils found to be satisfactory on examination reflects the prosperous nutritional state of this country as a whole.

Table II

Cleanliness and Head Infestation :

Total No. examinations made for this purpose	...	19,616
Total No. found infested	...	719
Total percentage found infested	...	3.6%
(England and Wales 1.5% ; West Riding 2%)		

Table III

Care of Handicapped Children :

Milton Day School—E.S.N.	...	100
Residential School—E.S.N.	...	2
Residential School—Deaf or Partially Deaf	...	14
Residential School—Deaf E.S.N.	...	2
Residential School—Blind	...	5
Residential School—Partially Sighted	...	1
Residential School—Delicate	...	7
Residential School—Cerebral Palsy	...	10
Residential School—Physically Handicapped excluding Cerebral Palsy		6
Residential School—Epileptic	...	—
Residential School—Maladjusted	...	6
Total		153

The number of handicapped children at special schools remains at a constant level.

Table IV

B.C.G. vaccination 13 years and older school children :					
No. of children offered testing and vaccination if necessary	...	...	...	...	2,164
No. of acceptances	...	...	...	...	1,715
Percentage of acceptance	...	...	...	...	79.27%
Pre-vaccination Tuberculin Test					
No. Tested	...	...	...	...	1,533
Result of Test					
No. Positive	...	...	...	...	416
No. Negative	...	...	...	...	1,025
No. Not ascertained	...	...	...	...	92
Percentage Positive	...	...	...	...	37.24%
No. Vaccinated	...	...	...	...	1,020

Table V

Audiometry :					
No. tested	...	...	...	...	1,024
No. with no loss	...	...	...	...	847
No. referred to School Audiology Clinic	...	...	...	...	177

The Consultant Paediatrician, Dr. C. C. Harvey, is available for consultation and sees cases referred by both the school health service and the family doctors, and I am most grateful for his help during the year. Dr. J. D. Orme is Consultant in charge of the Child Guidance Clinic and his help is invaluable. The division is also fortunate in having the services of Miss M. A. C. Jones, Consultant Ophthalmologist and Dr. S. K. Bannerjee, to whom all visual defects are referred. I am grateful also to the school medical officers both whole and part-time for the performance of their duties during the year.

HOSPITAL SERVICES

The hospital services for the area are administered by the United Sheffield Hospitals, Sheffield Regional Hospital Board, with the following hospital management committees ; Sheffield No's 1, 2 and 3, Rotherham, Barnsley and Doncaster.

General hospital services :

Sheffield Royal Hospital
Sheffield Royal Infirmary
Sheffield City General Hospital
Rotherham Moorgate and Doncaster Gate Hospitals
Barnsley Beckett and St. Helen Hospitals
Doncaster Royal Infirmary
Mexborough Montagu Hospital

Infectious Diseases hospital services :

Kendray Isolation Hospital
Doncaster Tickhill Road Hospital
Sheffield Lodge Moor Hospital

Maternity hospital services :

Sheffield Jessop Hospital
Rotherham Moorgate Hospital
Mexborough Montagu Hospital
Barnsley St. Helen Hospital
Listerdale Maternity Home

Chest Clinics :

Mexborough Chest Clinic—Dr. J. D. Stevens
Rotherham Chest Clinic—Dr. A. C. Morrison

Laboratory Services :

Bacteriological examinations are carried out at the Public Health Laboratories at Wakefield (Director: Dr. L. A. Little) and at Sheffield (Director: Dr. E. H. Gillespie).

Notices

Informal notices numbering 198 were issued in relation to matters arising from the inspections and in 13 cases formal notices were served.

At the end of the year, 125 nuisances and defects remained on the books and 1,566 had been remedied during the year.

ACTION UNDER THE PUBLIC HEALTH ACTS

Inspections were made in connection with nuisances and defects at 743 houses while defects at 706 houses were remedied during the year; in connection with those remaining on the books further action is pending.

The following statement shows the nuisances abated and the defects remedied in and around dwellings other than Council-owned dwellings:—

House Repairs

House roofs repaired	...	...	...	...	...	32
Eaves spouts, fallpipes or vent shafts renewed, repaired or cleansed	...	...	...	...	...	50
Fireplaces or ranges, repaired or renewed	...	...	...	...	...	27
Sink waste pipes and sinks, repaired or renewed	...	...	...	...	...	12
Floors repaired	...	...	...	...	...	33
Windows repaired	...	...	...	...	...	68
Internal walls and ceilings repaired	...	...	...	...	...	212
Doors repaired or renewed	...	...	...	...	...	36
Water supply improved	...	...	...	...	...	15
Boundary walls repaired	...	...	...	...	...	5
Walls, external brickwork repointed	...	...	...	...	...	18
Chimneys repaired	...	...	...	...	...	8
Yard surfaces repaired or renewed	...	...	...	...	...	20
Outbuildings repaired	...	...	...	...	...	16
Ashbins renewed	...	...	...	...	...	444
Hot water systems repaired	...	...	...	...	...	3
Food Stores—ventilation provided	...	...	...	...	...	4
Bath waste pipes repaired	...	...	...	...	...	1
Hand rails provided to staircases	...	...	...	...	...	1

Drains

Taken up and relaid	...	...	...	...	15
Opened and cleansed	...	...	...	...	84
Gullies cleansed or provided	...	...	...	...	8
Inspection chambers, repaired or renewed	...	...	...	...	5

Water Closets

Obstructions removed	...	...	...	...	19
Water supply pipes repaired	...	...	...	...	16
Cisterns repaired or renewed	...	...	...	...	17
Flush pipe joints repaired	...	...	...	...	5
Pedestals renewed	...	...	...	...	11
Apartments generally repaired	...	...	...	...	16
Outgo pipe joint repaired	2

Other Nuisances etc., abated

Houses cleansed or rid of vermin	24
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SANITARY ACCOMMODATION

Type of Convenience & Receptacle	Goldthorpe and Bolton-on - Dearne	Thurnscoe	Barnburgh	Total	% 1965
Water Closets	5,200	3,770	40	9,010	99·99
Midden Privy	—	—	1	1	0·01
Total Closets	5,200	3,770	41	9,011	—
Ashbins	4,933	3,512	41	8,486	99·99
Privy Pits	—	—	1	1	0·01

ANIMAL BOARDING ESTABLISHMENTS ACT 1963

One boarding establishment is licensed under the above Act. The premises are situated at Church Street, Bolton on Dearne and cater for the housing of dogs.

Four pens are available for use including an isolation block of four kennels. Heating and lighting are by electricity, ventilation and the size of quarters is satisfactory. Mains water supply is on the site and bedding material, exercising facilities and fire extinguishers are provided. One person is at all times on the premises.

PET ANIMALS ACT, 1951

One premise was licensed as a Pet Shop, the pets concerned being birds and fish.

HAIRDRESSERS OR BARBERS

Of the 44 registrations granted as hairdressers under Section 120 of the West Riding County Council (General Powers) Act 1951, 33 premises are in operation. No infringement of the Byelaws occurred during the year.

PUBLIC SWIMMING BATH

The only public swimming bath in the area is owned by the Council and situated at Thurnscoe. The dimensions are 60 feet by 30 feet, the depth of water varying from 3 feet to 6 feet 6 inches. The bath is open for swimming during the summer season only; the water used is taken from the district's main supply. The method of water treatment is that it is first filtered, then aerated, heated and finally chlorinated. The bath contains 56,000 gallons of water and 2,000 gallons of "make-up" water is added twice weekly. The frequency of changing the water is once every 3½ hours.

CLEARANCE OF CHOKED DRAINS

79 owners have given general instructions to the Department to deal with blockages to drains and water closets as they come to notice.

95 drains were cleansed under this arrangement at a cost of 6s 6d. to each owner. By this means serious nuisances which ordinarily would exist for some days are abated within hours of my Department being notified.

OFFENSIVE TRADES

No offensive trades are carried on in the Dearne district.

The maggot breeding factory at West Moor Lane, Harlington was regularly inspected. Conditions at this factory have much improved during recent years. There is no doubt that neglect of certain precautions in maggot breeding can give rise to nuisance. It is a business that lends itself to the production of foul odours and offensive waste products. A de-odourising solution is now inserted into the extractor pipes from the maggot houses to produce a less obnoxious gas from the chimney. Within previous years the proprietor has provided an extraction system of ventilation to all the chambers

whereby foul odours are forced along pipes to a tall chimney to be discharged into the atmosphere. More recently a de-odourising compound is being used in the extractor shaft in order to render the waste gases less obnoxious.

SHOPS ACTS

Routine inspections of shop premises throughout the year were made and in general no serious contravention of the Shops Acts was noted.

FACTORIES

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	11	32	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	39	161	—	—
TOTAL	50	193	—	—

Notes : Secs. 1, 2, 3, 4 and 6 Factories Act, 1937 refer to Cleanliness, overcrowding, temperature, ventilation and drainage of floors of factories.
 Sec. 7 Factories Act, 1937 refers to Sanitary Conveniences at Factories.

SUPPLY OF ASHBINS

SECTION 75, PUBLIC HEALTH ACT, 1936

The Council's scheme of ash-bin renewals to dwellings adopted in 1950 continues to ensure that satisfactory receptacles for the temporary storage of refuse are always available, an advantage to householders and to the refuse collector.

The ashbins supplied during the year were as follows :—

	1965	1964	1963
1. Bin renewals to privately owned houses	444	317	324
2. Bin renewals to Council houses	166	134	123
3. Bins provided to new houses	8	67	3
	<u>618</u>	<u>518</u>	<u>450</u>

The cost for the year under review was £1,136.

The standard type ashbin in use within the Dearne has a capacity of $3\frac{1}{4}$ cubic feet. This rather large size of receptacle is more than ever necessary. The bonus incentive scheme as applied to the collection of house refuse will, I hope, continue to reduce the intervals between collections and thus effect a corresponding reduction of refuse in the average household bin, but outweighing this advantage is the bulky refuse such as paper, cardboard and tins which continues to increase. It may be possible to reduce the weight of the refuse receptacle itself by adopting a plastic ashbin, a change which would at least reduce the amount of noise. Unfortunately such plastic receptacles cannot withstand severe heat and it is not uncommon occurrence to find hot ashes being placed in dustbins.

The Council's ashbin maintenance scheme applicable to domestic premises has been an unqualified success.

Since November 8th, 1950, which was the date of the first dustbin being supplied under the Council's bin maintenance scheme, nearly 8,000 bins have been issued as replacements by the Council. Over 9,000 bins have been issued by the local authority during the past 15 years. Hardly any of the present 8,500 bins in use in the district have not been supplied by the Council.

CONTROL OF PESTS ACT, 1949 RATS AND MICE DESTRUCTION

162 treatments were carried out against rats and mice infestation on land and property in the district.

The poison used following pre-baiting was Antu, although in the majority of cases Warfarin and Norbomide were used as a direct poison bait. Sodium Fluoroacetate was used for the treatment of the sewer manholes and gave excellent results. This system of rodent control treatment in sewers involves a three monthly baiting as a direct poison bait of infested manholes while no revisiting to check takes is required.

Premises	Number of Treatments	Infestation	Type of Treatment
Private Houses	107	Rats & Mice	Poison
Sewers	3	Rats	Poison
Local Authority Property	3	Rats & Mice	Poison
Allotments and Farms ...	22	Rats	Poison
Schools	9	Rats & Mice	Poison
Business Premises	9	Rats	Poison
Block Control	3	Rats	Poison
Miscellaneous	6	Rats & Mice	Poison

Disinfestation

56 cases of premises infested by insects were dealt with as follows:—

(a) Disinfected by spraying with an insecticide:—

Bugs	...	...	...	...	5 houses
Red Mite	...	...	...	...	2 estates
Cockroaches	...	...	...	...	6 houses

(b) Insecticide purchased by the householder:—

Powder	...	...	...	...	30 houses
D.D.T. liquid	...	...	...	...	9 houses

On 4 occasions houses were sprayed as a precautionary measure prior to them being re-occupied.

WATER SUPPLY

Each house within the Dearne Urban Area has a piped supply of water inside the dwelling.

During 1963 the Sheffield Corporation Waterworks Department took over the supply of water to the Dearne Urban District. Formerly this service was the responsibility of the Dearne Valley Water Board. It is an opportune time to consider whether the change has been worthwhile. The first and foremost advantage has been the maintenance of a regular and plentiful supply of water, including those parts of the area which in the past suffered an intermittent supply (said to be due to the altitude of that part of the district). Next it can be recorded that the average hardness of the supply has diminished. From figures supplied later it will be seen that the Dearne Valley Colliery water (raw—before treatment) has an average total hardness figure of 532 parts per million of which 411 parts per million are classed as temporary hardness.

After softening treatment this supply remains moderately hard—e.g. 235 parts per million of which 120 parts are shown as temporary hardness. It is this latter hardness which is deposited on the interior of kettles and back boilers during periods when the water is boiling. At one time it was the Dearne Valley Colliery source from which the bulk of the water supply of our area emanated. Today this water after softening has its hardness content further reduced by the admixture of the new Yorkshire Derwent water. (Hardness figures after treatment total 82 parts per million of which 26 is “temporary” hardness and 56 parts “permanent”).

Finally the purity of the water appears to be well safeguarded. The sources of supply in the raw state show pollution—river water is particularly prone to contamination. The summary of results of the Bacteriological Examination of samples of the water forming our supply are given later. It will be seen that the "cleanest" raw water is that from the Billingley Borehole. However after treatment—flocculation, softening, chlorinating and filtering, 330 samples of water were taken as the water entered the supply system and all these were found to be free from E. Coliform bacteria (type 1).

251 samples of water were taken from consumers' taps during the year under review (this is the period from the 1st April, 1965 to the 31st March, 1966) and these again were proved to be free from E. Coliform type 1. This indicates the measure of efficiency in the water treatment.

SUMMARY OF RESULTS: AVERAGE ANALYSIS OF WATER

(Report covers period—April 1st, 1965 to March 31st(1966)

TABLE I - CHEMICAL ANALYSIS

	Raw Waters				Final Treated Waters	
	Dearne Valley Colliery	Billingley Borehole	Yorkshire Derwent		Dearne Valley Colliery	Yorkshire Derwent
			Mean	Range		
Physical Characteristics						
Colour (Hazen)	14	7	22	5—80	Under 5 1 8.4	Under 5 5 9.0
Turbidity (p.p.m.)	10	3	108	3—1200		
pH Value	7.5	7.2	8.0	7.6—8.5		
Chemical Analysis	parts per million (m.g.m./litre)					
Alkalinity (CaCo ₃)	311	268	139	76—175	120	26
Chloride	197	83	25	22—37	129	32
Ammoniacal N.	0.05	0.51	0.15	0.07—0.53	0.17	0.20
Albuminoid N.	0.05	0.04	0.24	0.12—0.50	0.06	0.15
Nitrite N.	Nil	Nil	0.012	0.002—0.040	Nil	Nil
Nitrate N.	0.09	0.04	1.9	1.4—3.0	0.06	1.8
Oxygen absorbed from permanganate 4 hrs. @ 26.7°C.	0.3	0.6	2.3	1.0—7.2	0.3	0.7
Temporary hardness (CaCo ₃)	311	268	139	76—175	120	26
Permanent hardness (CaCo ₃)	221	136	80	44—128	115	56
Total hardness (CaCo ₃)	532	404	219	103—296	235	82
Residual Chlorine	Nil	Nil	Nil	—	0.4	0.25
Total dissolved solids	1577	800	246	—	988	200
Iron (Fe)	0.21	0.07	0.27	0.05—0.50	0.14	0.08
Manganese (Mn)	0.03	0.87	0.07	0.02—0.17	0.12	Nil
Aluminium (Al)	Nil	Nil	0.03	0.01—0.08	0.42	0.02

Table II - Summary of Results of Bacteriological Examinations

	Number Examined	Number free from Coliforms	Number free from E. Coli Type 1
Raw Waters			
Dearne Valley Colliery	50	2 (4%)	7 (14%)
Billingley Borehole	50	46 (92%)	48 (96%)
Yorkshire Derwent	47	None (0%)	None (0%)
Waters Entering Supply			
Dearne Valley Colliery	250	250 (100%)	250 (100%)
Yorkshire Derwent	80	80 (100%)	80 (100%)
Consumers' Taps			
Both Sources	251	247 (98%)	251 (100%)

Tents, Vans and Sheds

Although there are no licensed caravan sites within the Dearne Urban area, this appears to be no deterrent to the use for that purpose of grass verges of certain country lanes and fields. Obviously such sites lack the bare essentials which a licensed site would be expected to possess—namely paved areas, water supply, closet accommodation and storage facilities for waste. The result of a few days occupation of these areas by certain itinerant caravan dwellers needs to be seen to be believed. Despite the provision of gates across certain access lanes, these being kept padlocked, and notices exhibited stating that the area was not to be used by caravanners, such sites were often used. Your Public Health Inspectors have continued throughout the year to visit caravan dwellers and have served informal notices on persons held to be responsible for such illegal use of land.

While a considerable amount of time of your Public Health Inspectors is spent on the control of caravans and their occupants, and much of this could be put to better purpose one can foresee that the trouble could increase if the problem was ignored. The only hope of a partial solution would be the provision of a Local Authority camping site.

Offices, Shops and Railway Premises Act 1963

Under this fairly recent Statute, mainly enforceable by the Public Health Department, office and shop workers have provided for them safeguards for their health, safety and welfare. Modelled on the law relating to the Factories Acts

the Offices, Shops and Railway Premises Act and its accompanying regulations contain a comprehensive scheme to protect these workers.

Four additional retail shops were registered during 1965. From the notices received since the Act came into force last year, the following details are available:—

			Male	Female	Total
Retail Shops ...	111 :	Persons employed	87	266	353
Offices ...	20 :	„ „	23	22	45
Catering Establishments open to the public ...	15 :	„ „	21	82	103
Total ...	146		131	370	501

The number of general inspections made were:—

Shops, 25 ; Offices 2 ; Catering Establishments 5.

Total — 32.

58 of the 146 premises had received a general inspection since August 1964 when the enforcement of the Act came into operation and 12 re-inspections had been made. Aside from these 70 visits, the Ministry of Labour asked for a special report on lighting standards at premises covered by the 1963 Act with particular reference to the standards found in the winter. A copy of the report sent to H.M. Factory Inspector is reproduced herewith. (It is understood that the Minister will be guided by the reports he receives from the Public Health Inspectorate in formulating any future regulations dealing with "lighting standards").

REPORT ON LIGHTING STANDARDS FOR 1965

(1) General Impression

The artificial lighting in the selling areas of shops is good, the natural light being poor by comparison. The light meter readings for natural light can be deceiving to the eye as the natural lighting has been marked down as satisfactory on an initial visit whereas a revisit with the light meter has shown extremely low readings. There is a tendency to reduce the amount of natural light available by covering window glass over with advertisements and special lines posters to attract customers. The larger shops, by virtue of their construction, i.e. usually only natural light at the front, could not operate without artificial light. Newly erected shops and offices have a good standard of artificial lighting throughout the premises. Older constructed shops have either tended to improve the

artificial lighting in their selling areas only, or neglected improvements altogether. The lighting of staircases, corridors and stockrooms is of a much lower standard although not altogether unsatisfactory. Only in the large stores is there a regular worker in the stockroom therefore the impression implied is that better lighting is not necessary where only occasional visits are paid. W.C. Apartments are satisfactorily illuminated on the whole, but unless wash-bowls happen to be directly under an electric light bulb these are badly illuminated.

The bright spot among the more dangerous areas is that the meat cutting machines are fairly well lit.

Very few offices are situated in the district, these have good lighting at the working surfaces.

(2) Unsatisfactory lighting occurs where no, or very little, natural light is available in a certain area and a single electric light bulb with low wattage is placed so that the light produced is often restricted by the structure of the premises or obstructed by fittings and stock. There is a tendency for subdued lighting in ladies' hairdressing salons.

(3) No specific standards of lighting in terms of lumens have been recommended in advice to occupiers.

(4) No instance of excessive glare has been noticed.

DETAILED INFORMATION OFFICES

(a) Less than 5 Lumens	...	...	...	Nil
(b) 5—10 Lumens	...	...	...	Nil
(c) 10—15 Lumens	...	...	...	3
(d) 15—25 Lumens	...	...	...	1
(e) More than 25 Lumens	...	...	...	2

SHOPS

	Lumens:				
	Less Than 10	10—25	26—40	41—60	Over 60
Selling Areas	1	11	6	6	1
Stock Rooms	14	2	1	—	1
Preparation Rooms	6	5	1	—	1
Packing Departments	—	—	1	—	—

Note : One lumen is the amount of light flow emitted from a standard candle on to an area of one square foot, every part of which is one foot distance from the candle.

It was estimated that some 150 premises should have registered with the local authority in accordance with the provisions of the Act. It is certain that at least 95% of business occupiers have now done so.

There has been a good response to notices sent to occupiers requesting them to comply with the Act. The poorest response has been from the small shop-keeper employing one assistant.

There were three notifications of accidents sustained by shop assistants while working in their shop premises. None of these cases involved dangerous machinery and no follow-up action was necessary.

CLEAN AIR ACT 1956

Domestic smoke continued to be the main source of pollution of our atmosphere there being no large industrial plant within the Dearne Urban area contributing to the pollution of the air. The common method of heating in use within our houses is by burning bituminous coal in open firegrates. Not only are these appliances extremely inefficient they emit clouds of thick yellow-grey smoke containing innumerable soot particles. The result is a fairly constant cloud of smoke overhanging our area depositing quantities of soot and cutting off much of the essential rays of the sun.

It requires a long unbroken spell of very hot weather—sufficient to cause householders to feel the discomfort of a hot open fire before such a prolific source of atmospheric pollution is reduced. Unfortunately these spells of good weather are limited—yet when they occur an improvement in the state of the atmosphere is readily noticeable.

During 1965 I reported to you on several occasions the urgent need for the implementation of the Clean Air Act particularly with regard to that part dealing with the control of domestic smoke. During this period you accepted a suggestion by the West Riding Clean Air Advisory Committee that their representatives should visit the Dearne Town Hall to give you the benefit of their experience and discuss any difficulties likely to arise in the control of domestic smoke.

The Minister of Housing and Local Government has drawn the Council's attention to the need to formulate a phased programme of domestic smoke control. Depending on the nature of replies the Minister is to consider whether Local Authorities who have done little or no work under the Statute need certain provisions amending so as to make domestic smoke control by Councils compulsory. I am sorry to have to record that we in the Dearne fall within this category.

So far as the local Colliery spoilbanks are concerned, a fruitful source of nuisance many years ago, these have caused no nuisance.

The few industrial chimneys within the Dearne have regularly been under observation but no serious infringement of the Clean Air Act was recorded.

The Manvers Main Coal Carbonisation plant of the National Coal Board continued to process coal—one end product being the solid smokeless fuel Sunbrite. Enormous quantities of coal are “roasted” in ovens to effect the carbonisation and I am afraid that large volumes of smoke and fumes are often discharged into the atmosphere. This plant lies outside our Southern boundary in the Wath U.D.C. area.

During the year we have continued to set up lead peroxide gauges, 5 in number, throughout the Dearne Urban District. Such gauges, together with one atmospheric deposit gauge have given us average recordings of the pollution of the air at five representative sites. The figures resulting from these gauges are given in this section of my report.

Atmospheric Deposit Gauge—Sewage Works, Bolton on Dearne measuring total solids deposited in tons per square mile.

This gauge is placed primarily to record emissions from the National Coal Board's Coal Carbonisation Plant at Manvers Main, Wath on Dearne, particularly when the wind is from the south west.

The following table includes the acid figure in the rain-water collected in the deposit gauge.

Month 1965	Tons per square mile		Hours of SW Wind	Rainfall Inches	Rainfall — Average over 75 years
	SO ₄ Sol. Matter	Total Solids			
January	3·11	13·94	90	1·46	2·23
February	1·32	6·99	7	0·43	1·88
March	3·21	16·59	56	1·93	1·60
April	2·09	13·88	41	1·18	1·61
May	2·25	12·29	69	1·77	2·01
June	3·11	13·94	75	2·25	1·67
July	2·35	13·25	59	2·29	2·48
August	1·26	7·52	56	0·79	2·53
September	5·10	19·84	80	5·83	1·94
October	1·79	9·21	45	0·39	2·27
November	2·72	12·19	14	2·56	2·54
December	3·05	12·92	60	3·15	2·30
Monthly Average	2·61	12·71	54	2·00	2·09

The year's rainfall of 24.03" was about average. The September rainfall was the highest on record for that particular month.

When little rain has fallen in a month, solids deposited on the collecting bowl are swilled down with a known quantity of distilled water then measured.

The area of the Dearne Urban District is 6.075 square miles, therefore from the foregoing atmospheric deposit figures it is easy to calculate the total solids deposited on our area to be 927 tons during 1965.

Lead Peroxide Gauges—recording milligrams of Sulphur Dioxide per day collected by 100 sq. cms. of Lead Peroxide.

Month 1965	Sewage Works, Bolton	Dearneside School, Goldthorpe	Y.E.B. Store, Goldthorpe	Council Depot, Thurnscoe	46 Caernarvon Crescent, Bolton
January	3.45	2.97	2.83	2.45	2.86
February	2.74	2.60	2.20	2.65	2.37
March	2.72	2.31	3.12	2.45	2.51
April	2.44	2.12	1.87	1.86	1.89
May	2.27	1.61	1.62	1.62	1.54
June	2.11	1.32	1.56	1.43	1.35
July	2.03	1.27	1.25	1.35	1.38
August	2.39	1.45	1.49	1.56	1.36
September	2.45	1.42	1.94	1.80	1.68
October	2.67	1.49	2.05	1.91	1.81
November	2.75	2.38	3.16	2.79	2.27
December	2.96	2.25	3.28	2.62	2.51
Daily Average	2.75	1.93	2.11	2.08	1.96

Daily average for District (5 combined stations) = 2.17.

The summer period, May to September, shows a marked reduction in sulphur emissions except for the Sewage Works gauge which remains relatively consistent in its recordings. This fairly constant figure of pollution is evidence of the emission taking place from the Manvers Coal Carbonisation Plant.

The R.A.F. Meteorological Office at Finningley provides hourly records of wind velocity and direction which are used in conjunction with the atmospheric pollution readings.

During the year the prevailing wind was a South West one, (i.e. conditions favourable for recording higher readings at the Sewage Works gauge,) the average wind speed being Beaufort Scale 3 (10 m.p.h.) with a maximum recording of Beaufort Scale 8 (45 m.p.h.).

729 hours calm were recorded equivalent to 30 days in a year.

PUBLIC CLEANSING

(referring to year 1st April, 1965 to 31st March, 1966)

The weekly collection of refuse was maintained without undue difficulty during the year despite the great amount of time lost by workmen being absent due to sickness or other causes. The time lost was equivalent to one refuse collecting gang being off throughout the twelve months. Details of the "man-hours" lost during the year under review will be found later in this section of the Report. The figures are very disturbing—those due to "Certified Sickness" increasing greatly each year. I feel I must stress the difficulty caused when one has to organise and maintain a regular and important service such as this when one is faced with a greatly diminished labour force due to sickness and increasing holiday entitlements. The bonus incentive scheme may be the means to ensure a decent service under such circumstances.

During the year the Public Health Committee agreed that I should apply a bonus incentive scheme to the collection of house refuse. After meeting Trade Union officials representing the workmen concerned the scheme commenced on May 12th, 1965. Its immediate effect was to reduce the interval between collections, and ultimately to reduce labour costs although catering for a higher average wage paid to the workmen.

The scheme was on trial for six months but at the end of that time the Council decided on its continuation.

The house refuse was collected by one dual tip 18 cubic yard rear-loading lorry and three Karrier Bantam 7 cubic yard side-loading vehicles. On three days each week an additional Karrier Bantam lorry was engaged in the collection of trade refuse. One Karrier Bantam is kept in reserve as a spare.

During August a 35 cubic yard Pakamatic refuse vehicle was on trial for three days and the Council have decided to order one of these vehicles. Its use should reduce our vehicles by two side loaders (7 cubic yards each).

Protective clothing was issued to each man, the normal replacement issue consists of overalls, donkey jacket, gloves, goggles and rubber boots.

The working week was reduced from 42 hours to 40 hours with effect from January 1966.

The man-hours lost in the twelve months were:—

	1965/66	1964/65	1963/64	1962/63
Certified Sickness ...	8,535	7,651	6,669	6,286
Absent for other reasons ...	239	492	480	450
	<hr/> 8,774	<hr/> 8,143	<hr/> 7,149	<hr/> 6,736

The holiday ballot scheme was operated again this year. The number of men allowed on holiday at the same time was four.

Average Estimated Yield of Refuse from each House

Test weighing showed that the average weight of a Karrier Bantam vehicle load remained at $1\frac{1}{2}$ tons. The 18 cubic yard vehicle was slightly less than last year and the average load weight has been assessed at $3\frac{1}{4}$ tons compared with $3\frac{1}{2}$ tons for 1964.

The weight of refuse removed from each house during 1965 was 1 ton 4 cwts.

Labour—Staff Employed

The number of men employed on the collection of refuse was reduced by two. 24 men (5 lorry drivers and 19 labourers) comprised the average strength although sickness etc. reduced this to an average turn-out of 20 men.

One man was employed as a bulldozer driver, engaged in the disposal of refuse.

A workman from the refuse collection staff has the regular job of cleansing the district's public conveniences.

A rodent operator is employed full time on rats and mice destruction work.

The foreman supervised the work of refuse collection and disposal, carried out disinfection and disinfestation work and cleansed blocked drains where the owners have agreed to participate in the Council's scheme to liberate such blockages in payment of a small charge.

REFUSE COLLECTION

The average number of premises on our collection list for the past year was 8,280 (1964 total 8,264). The number of refuse receptacles was 8,470. Since the inception of the bonus incentive scheme in May 1965 the collection of house refuse from certain areas has been more regular than weekly, often a five day service has been operated.

Incentive Bonus Scheme

The refuse collection incentive bonus scheme introduced in May 1965 has been very satisfactory to all concerned. During the year ending 31st March, 1966 the workmen have benefited by sharing £1,965 as a bonus, the public have received a more frequent bin collection and the Council have a more efficient public cleansing service provided by a reduced staff. Two workmen retired and a third labourer resigned during the period under review—their places were not filled.

Very briefly the bonus is calculated on the daily output by paying every man (driver and labourers) a bonus of 3d. for each dust-bin emptied in excess of 90 per labourer per day. There is a reduction of the target figures to 75 per man where the labourers per lorry are less than 4 or when the National Coal Board Estate at Bolton on Dearne is being scavenged. The area mentioned is more difficult to cleanse than other parts of the district.

Trade Refuse

The third year of operation of the Council's trade refuse collection service whereby a charge is made to the trade continued without incident. During the early days of the inauguration of this service strong protests were lodged with the Council and special meetings held to discuss the scheme.

There are now more than 100 business premises on the list for removal of trade refuse.

Clinker and refuse have been removed regularly from all schools in the district.

Collection Cost Per House

The annual cost of collecting refuse from each house and conveying it to the disposal site was £2 16s. 9d. The cost of collecting a bin, emptying and conveying the refuse to the tip was 1s. 1d.

Observations—Public Cleansing

Conditions of service improved considerably for the workmen during the year under review. Wages rose by 7s. 0d. a week in April and a further 7s. 0d. a week in September 1965. The working week was reduced from 42 hours to 40 hours in January 1966 and more men qualified for increased annual holidays due to their having completed 5 years or 12 years in the local authority service. The Incentive Bonus Scheme resulted in an average weekly bonus of some £2.

It has come as some surprise that time lost by workmen due to sickness has shown an increase over previous years particularly with the advent of the Incentive Bonus Scheme.

A man with half-a-dozen years service in March 1960 received £9 4s. 6d. for working a 44 hour, 5½ day week, and two weeks annual holiday a year. The same man in March 1966 is receiving £12 13s. 9d. plus an average of £2 bonus a week for working a 40 hour, 5 day week and is entitled to 3 weeks annual holiday in addition to the statutory bank holidays.

In January 1966 a new bulldozer-tractor (Track-Marshall 55 H.P.) was delivered for use on the refuse tip and a new garage erected by the Carr Head Lane Bridge to house it. The old tractor was sold for £105. As the present disposal site will be completed within the next 12 months the garage has been made capable of dismantling for re-erection at the next refuse disposal site.

When the 35 cubic yard Pakamatic Refuse vehicle comes into operation during the spring of 1966, it is proposed to reduce the collection rounds from 4 districts to 3. There is no doubt that the automatic loading of bins by the new vehicle will help reduce the physical strain of lifting by the workmen involved.

DISPOSAL

All refuse collected during the 12 months under review was disposed of by controlled tipping at the disused railway cutting, Ingsfield Lane, Bolton on Dearne. This has been the only disposal site in use since May 1957. All the shallow part of the cutting has now been filled in, covered with soil and levelled to enlarge the adjoining playing field. This area was reclaimed from derelict and uneven land on which was the old quarry of a brickworks. Some years of controlled tipping of the district's refuse has resulted in the formation of an excellent football field. Much of the refuse was dealt with in close proximity to dwellinghouses often under inclement weather conditions. It is difficult to visualise the rough, uneven and derelict area the Department took over in 1957. 96,000 tons of rubbish have been disposed of on this site and I consider that the work will be completed by the end of 1967.

No nuisance has arisen on the tip during the year covered by this report, the constant use of the bulldozer has consolidated the refuse in a very satisfactory manner.

Summary of Loads

Collected from Bolton on Dearne District (including Goldthorpe & Green Lane, Barnburgh).	Lorry Loads
Disposal at Ingsfield Lane Tip, Bolton	3,735 Bantam 21 Dual Tip
	<hr/> 3,756 Total
Collected from Thurnscoe District	
Disposal at Ingsfield Lane Tip, Bolton	1,117 Bantam 702 Dual Tip
	<hr/> 1,819 Total
Grand Total	<hr/> 5,575 Loads
Expressed as Tons	<hr/> 9,628 Tons

Karrier Bantam loads averaged at $1\frac{1}{2}$ tons per load and the Dual Tip Karrier at $3\frac{1}{4}$ tons per load.

Salvage Incentive Bonus Scheme

The recovery of salvage which was recommended in 1961 after a lapse of 4 years, resulted in sales of £170. No special collection was operated and the cost of the scheme was negligible, no charge being made against the service. The money from the sale of metal and rags, the only materials salvaged, is shared—the men receive 75% and the Council the remaining 25%.

SALVAGE

Year : April 1st, 1965 to March 31st, 1966

The modified scheme of salvage recovery respecting metals and rags only was continued throughout the year.

Materials salvaged and sold during the year

Quantity				Materials		Sales		
Tons	Cwts.	Qrs.	Lbs.			£	s.	d.
11	16	—	—	Mixed Scrap Iron	...	76	15	7
—	14	3	27	Non Ferrous Metals	...	81	12	4
—	8	2	2	Woollens and Rags	...	10	19	3
12	19	2	1			£169	7	2

Since the salvage scheme commenced in 1940, £13,055 has been recovered from the sale of 1,776 tons of materials and 11,671 dozen tins, bottles and jars.

PUBLIC CLEANSING — COSTING RETURNS

Cost Statement 1965-66

Revenue Account

	Collection	Disposal	Total
	£	£	£
1. Gross Expenditure			
(i) Labour	14,142	534	14,676
(ii) Transport	8,319	1,333	9,652
(iii) Plant, equipment etc. ...	1,406	417	1,823
	23,867	2,284	26,151
2. Gross Income	390	440	830
3. Net Cost	23,477	1,844	25,321
4. Capital Expenditure met from Revenue	Nil	3,200	3,200

Unit Costs

	s.	d.	s.	d.	s.	d.
5. Gross cost per ton, labour only	29	4	1	1	30	5
6. Gross cost per ton, transport only	17	3	2	9	20	0
7. Net cost (all expenditure) per ton	48	9	3	9	52	6
	£		£		£	
8. Net cost per 1,000 population ...	876		68		944	
9. Net cost per 1,000 premises ...	2,838		222		3,060	

Operational Statistics

10. Area (statute acres)—land and inland water	3,888 acres
11. Population at 30th June, 1965 (Registrar General's Estimate)	26,800
12. Percentage of refuse collected actually weighed	0.5%
13. Weight (cwts.) per 1,000 population per day	20.0 cwts.
14. Number of premises from which refuse is collected	8,270 premises
15. Premises from which collection is made weekly	100%

16. Average haul, single journey to final disposal point 2 miles
17. Kerbside collection if practised Nil
18. Total refuse disposed of (tons) 9,628 tons
19. Method of disposal (Salvage excluded)
Controlled Tipping 100%
20. Salvage and Trade Refuse
Analysis of income and tonnage:

	Income	Tonnage Collected
Trade Refuse ...	£660	520
Salvage	£170	13

21. Remarks:

Item 1(ii) Transport. The rates charged for transport covers depreciation of the vehicles.

Item 1(iii) Plant, Equipment etc. This includes £1,136 in respect of renewal of dustbins.

SECTION "D"

HOUSING IN THE AREA

There were 8,020 inhabited houses in the Urban District at the end of 1965.

House Erection

During the year 12 new houses were provided. These were all built by private enterprise.

House Demolition Clearance Areas

The Council made a Clearance Order respecting 19, 21, 23, 25 High Street, Thurnscoe in September and this was confirmed by the Minister on December 14th.

There are approximately thirty houses left within the Dearne which at present can be classed as "Slum Clearance" material.

Individual Unfit Houses

The tenant of 24 Beaver Street, Goldthorpe was rehoused in February. As the Council have now purchased the property, the Closing Order is to be determined and the house demolished.

The tenant of 29 Dearne Road, Bolton on Dearne was re-housed in April. The Council purchased the premises, made the house in all respects fit and then sold the house for re-occupation.

ACTION UNDER THE HOUSING ACTS

Houses not in all respects fit

Under the Housing Consolidated Regulations, 1925, and the Housing Consolidated Amendment Regulations, 1932, 37 inspections of dwellinghouses were made and particulars recorded.

During the year 33 houses were made in all respects fit.

The Rent Act 1957

Applications for Certificate of Disrepair

Number of applications for certificates ...	...	...	1
Number of decisions not to issue certificates ...	...	...	Nil
Number of decisions to issue certificates			
(a) in respect of some but not all defects ...	...	...	Nil
(b) in respect of all defects ...	...	...	1
Number of undertakings given by landlords ...	...	...	Nil
Number of undertakings refused by Local Authority ...	...	...	Nil
Number of certificates issued ...	...	...	1

Applications for Cancellation of Certificates

Applications by landlords to Local Authority for cancellation of Certificates ...	...	...	1
Objections by tenants to cancellation of Certificates ...	...	...	Nil
Decisions by Local Authority to cancel in spite of tenants' objections ...	...	...	Nil
Certificates cancelled by Local Authority ...	...	...	1

Improvement of Dwellings—Grants

The use made of the grant provisions of the 1964 Housing Act by house-owners continues to give satisfaction. A further 80 grants were issued during the year, comprising 50 Standard Grants and 30 Discretionary Grants, of which 20 Discretionary Grants were made for the George Street, Highgate Council houses which were built in 1912.

Since the scheme commenced, 779 grants have been issued:— 162 Discretionary and 617 Standard Grants including 370 to National Coal Board houses for the provision of wash-hand bowls only. The percentage of rented houses compared to owner-occupied houses for which grants are given continues to rise.

During December representations were received from tenants of two privately-owned houses requesting the Council to serve Compulsory Improvement Notices on their landlords requiring standard grant amenities at their houses.

The 1964 Housing Act empowered Local Authorities to obtain improvement of certain dwellings. It provides for certain areas to be declared "improvement areas".

The intention of this fairly recent legislation is to see that improvement of the older, suitable types of houses is effected within the next ten years. No Improvement Areas have as yet been declared in the district under the Act.

The issue of Discretionary Grants was suspended early in the year in accordance with the request of the Government to limit expenditure as far as practicable.

SECTION "E"

INSPECTION OF FOOD AND FOOD PREMISES

FOOD SUPPLY

Meat, Milk and Other Foods

This year there were again three licensed private slaughterhouses in operation. There is one slaughterhouse each situated at Goldthorpe, Bolton on Dearne and Thurnscoe and these three premises were re-licensed as complying with the Slaughterhouse Construction Regulations.

For the fourth successive year no evidence of tuberculosis was found in cattle slaughtered locally during the 12 months under review.

The carcasses and offal of all food animals slaughtered were examined and I am pleased to report the quality of the local killed animals was good.

The sale of milk in the whole of the country is covered by "specified area" orders. This means that the sale of milk is prohibited unless it has been pasteurised, sterilised or

tuberculin tested. All milk herds are now subjected to the tuberculin test which means that such raw untreated milk may be sold under the designation "tuberculin tested".

Food Premises

The total number of food premises within the Dearne is 218 made up as follows: Butchers 28, General Shops 90, Greengrocers 17, Confectioners 9, Fried Fish and Chip Shops 21, Bakeries 8, Off Licensed Shops 10, Public Houses 13, Clubs 16, Chemists 6. (Food Hawkers are mentioned later in the Report). The number of food premises had decreased slightly for several recent years but remained constant this year and with a new commercial building programme in process will increase during 1966.

Of the foregoing 218 premises 110 are registered for the sale of ice-cream under Sec. 16 of the Food and Drugs Act 1955, 2 are registered to manufacture ice-cream and 3 to manufacture iced lollipops. 18 premises are registered for the preparation or manufacture of sausages, or potted, pressed, pickled or preserved food intended for sale under Sec. 16, Food and Drugs Act 1955. Three premises are licensed as slaughterhouses.

Inspection of Food Premises

737 visits were paid to food premises during the year, 430 to slaughterhouses, and 307 to other food premises. Minor infringements of the Food Hygiene Regulations have occurred and have been dealt with by informal action.

Registration of Hawkers of Food and their Premises.

Section 76, West Riding County Council (General Powers) Act 1951

Of the 49 food hawkers registered at the year end, only 34 remain in business.

Similarly of the 24 food storage premises registered for use by food hawkers, only 12 are now being used.

No serious contravention of the legislation controlling food handlers classed as "hawkers" occurred. Once again I must comment on the types of vehicles converted for use as mobile shops and which continue in use long after their original purpose was served. Such vehicles are often practicable when first inspected but after years of use are found to be difficult to clean and maintain.

Public Markets

The two open markets in the area at Thurnscoe and Goldthorpe were regularly inspected during the year.

No serious contravention of the Food Hygiene Regulation occurred, although there is no doubt that the intention to "cover" the Council-owned Goldthorpe market is admirable. Conveniences, including washing facilities originally planned for use by the market stall holders, have suffered constant and severe damage. After construction it was considered that their situation near the shopping centre at Goldthorpe merited them being left open for use by the public also.

Meat Inspection

Your inspectors made 430 visits to slaughterhouses and inspected the carcasses and offal of 1,672 food animals. Details of the meat and offal found to be unfit for human consumption and the percentage of the incidence of disease are recorded elsewhere. The system of meat inspection laid down by the 1963 Meat Inspection Regulations has been adhered to rigidly. A free service of inspection continues to be given to the butchers. It gives me some satisfaction to record that the general quality of the meat produced from the premises has been good, and that every animal slaughtered in the Dearne has been inspected prior to the meat being retailed.

It is unfortunate that slaughtering of food animals sometimes occurs outside normal hours. Your inspectorial staff have always ensured however that 100% meat inspection is attained.

Meat Inspection

The following list records the meat and offal rejected by your Public Health Inspectors as unfit for sale for human food during the year.

Beasts

11 Livers	...	...	...	...	...	154 lbs.
9 Heads and Tongues	...	...	...	...	...	270 lbs.
5 pairs Lungs	...	...	...	...	...	60 lbs.
4 Udders	...	...	...	...	...	40 lbs.
2 Hearts	...	...	...	...	...	8 lbs.
1 Skirt (diaphragm)	...	...	...	...	...	4 lbs.
1 Mesentery	...	...	...	...	...	10 lbs.

Sheep

3 Livers	...	...	...	...	...	...	6 lbs.
1 pair Lungs	...	...	...	...	...	...	2 lbs.
1 Heart	...	...	...	...	...	...	$\frac{1}{2}$ lb.
Forerib	...	...	...	...	...	...	1 lb.

Pigs

3 Heads and Tongues	...	...	...	...	...	...	30 lbs.
29 Livers	...	...	...	...	...	...	87 lbs.
3 pairs Lungs	9 lbs.
3 Mesenteries	6 lbs.
4 Hearts	2 lbs.
4 Kidneys	1 lb.
Leg	2 lbs.

Total	...	692 $\frac{1}{2}$ lbs.
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Since the Meat at (Staining and Sterilisation) Regulations 1960 came into force on November 1st, 1960, all food found to be unfit for sale has been collected by the Department and buried on the Council's controlled refuse tip.

Slaughterhouses and Slaughtering

23 licences to slaughter or stun animals were issued to slaughtermen during the year. In all cases the licences specified that the type of instrument to be used be a mechanically operated instrument in proper repair and the period of the licence be one year. 4 slaughtermen were restricted to the killing of pigs only, and the remainder to the killing of cattle, sheep and pigs. One new licence was issued to a slaughterman providing for the licence holder to be subject to supervision by an experienced slaughterman. No cases have come to notice of any cruelty to animals—slaughtering in the local slaughterhouses has been carried out in a humane manner.

Slaughterhouses

Three licenced private slaughterhouses were in use regularly throughout the year. These are old buildings which were improved in accordance with the Slaughterhouses Act 1958 and the Slaughterhouses Construction Regulations. There is one licensed slaughterhouse situated at Thurnscoe, Goldthorpe and Bolton on Dearne respectively.

MEAT INSPECTION

Carcases and Offal inspected and condemned in whole or in part.

	Cattle ex- clud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	330	64	—	928	350	—
Number inspected	330	64	—	928	350	—
All diseases except Tuberculosis and Cysticercosis						
Whole carcasses condemned	—	—	—	—	—	—
Carcases of which some part or organ was condemned	12	8	—	5	35	—
Percentage of the number inspected, affected with dis- ease other than Tuberculosis and Cysticerci	3·6%	12·5%	—	0·5%	10%	—
Tuberculosis only:—						
Whole carcase condemned	—	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	—	—	5	—
Percentage of Number inspected, affected with tuber- culosis	—	—	—	—	1·4%	—
Cysticercosis:—						
Carcase of which some part or organ was condemned	7	2	—	—	—	—
Carcase submitted to treatment by refrigeration	1	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

FOOD INSPECTION

One prosecution took place under this heading during the year. A wholesale society was fined £5 with £6 6s. 0d. costs for selling a jar of damson jam containing an abnormal quantity of Amaranth (artificial dye).

UNSOUND FOOD

The food listed below was surrendered voluntarily.

Tomatoes	...	...	149 tins	Meat	...	...	50 tins
Fruit	...	...	69 tins	Vegetables	...	...	18 tins
Milk	...	...	19 tins	Fish	...	...	9 tins
Sago Pudding	...	...	5 tins	Rice	...	...	4 tins
Cream	...	...	1 tin	Bacon	...	...	41 lbs.
Potatoes	...	...	10 lbs.	Honey	...	...	1 jar
Cake	...	...	$\frac{3}{4}$ lb.	Peel	...	...	1 carton
Cheese	...	...	1 lb.	Chipples	...	...	2 packets
Flour	...	...	9 lbs.	Beef	...	...	15 lbs.
Tomato Juice	...	...	1 tin	Lamb	...	...	5 $\frac{1}{4}$ lbs.

MILK AND DAIRIES

Registration of Distributors

60 retail distributors of milk were on the register at the end of the year.

The West Riding County Council are now responsible for the issue of all milk licences so this may be the last year that an accurate record of milk distributors is available.

SECTION "F"

PREVENTION AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Infectious Diseases (Corrected)

Age Distribution

Diseases	Total Cases Notified	Cases After Correction	Under 1 year	1 —	2 —	3 —	4 —	5 — 9	10 — 14	15 — 24	25 — 44	45 — 64	65 and Over	Age Unknown
Scarlet Fever	22	22	—	—	1	3	1	17	—	—	—	—	—	—
Measles	352	352	22	41	58	54	46	128	3	—	—	—	—	—
Dysentery	27	27	2	6	1	1	6	1	—	4	6	—	—	—
TOTALS	401	401	24	47	60	58	53	146	3	4	6	—	—	—

TUBERCULOSIS

No. on Register at 31st December, 1965

	Males	Females	Total
Pulmonary	127	77	204
Non-Pulmonary	11	15	26
	138	92	230

No. Removed from Register during 1965

	Pulmonary		Non-Pulmonary		Total
	M.	F.	M.	F.	
Deaths	3	—	—	—	3
Others (cured, re-diagnosed, transfers of area etc.) ...	5	4	1	—	10
	8	4	1	—	13

Additions to Register during 1965

	Pulmonary		Non-Pulmonary		Total
	M.	F.	M.	F.	
New Notifications	8	—	—	1	9
Others (cases restored to Register, transfers, etc.) ...	—	—	1	—	1
	8	—	1	1	10

New Notifications

Age Groups:						Pulmonary		Non-Pulmonary		Total
						M.	F.	M.	F.	
25-34						1	—	—	—	1
35-44						2	—	—	1	3
55-64						3	—	—	—	3
65-74						2	—	—	—	2
						8	—	—	1	9

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